

**EFFECTIVENESS OF ASSERTIVENESS TRAINING ON
SOCIAL ANXIETY AMONG ADOLESCENT
GIRLS IN SELECTED SCHOOLS,
KANYAKUMARI DISTRICT**



**DISSERTATION SUBMITTED TO
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IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE
DEGREE OF MASTER OF SCIENCE IN NURSING
MENTAL HEALTH NURSING**

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ABSTRACT

A quasi experimental study was conducted to assess the effectiveness of assertiveness training on social anxiety among adolescent girls in selected school, Kanyakumari.

Quasi experimental, non-equivalent pre-test post-test control group design was adopted for this study. Purposive sampling technique was used to select the samples. Out of the 312 samples, 152 samples were in study group and 160 samples in control group. The modified social anxiety scale was used to screen the study. For the study group the investigator gave assertiveness training. The duration of procedure was 1 hour. Each group consists of 15-20 members. The post test was conducted last week in study group and control group.

The finding reveals that, in study group, 152(54%) adolescent girls had social anxiety and in control group population 160(56%) adolescent girls had social anxiety. In study group, during pre-test, 96 (63.16%) had mild social anxiety, 35 (23.03%) had moderate social anxiety, 15 (9.87%) had severe social anxiety and 6 (3.94%) had very severe social anxiety. In control group, 93(58.13%) had mild social anxiety, 38(23.75%) had moderate social anxiety and 19(11.87%) had severe social anxiety and 10(6.25%) had very severe social anxiety. During post-test, in study group 110(72.37%) had no social anxiety, 26(17.1%) had mild social anxiety, 12(7.9%) had moderate social anxiety and 4(2.63%) had severe social anxiety. In control group, 99(61.87%) had mild social anxiety, 39(24.37%) had moderate social anxiety and 17(10.63%) had severe social anxiety and 5(3.13%) had very severe social anxiety. The paired 't' value for the level of social anxiety was 16.405 which was greater than the table value 1.69 at $p < 0.05$ level. It shows that assertiveness training was effective in reducing the level of pain in social anxiety. The Unpaired 't' value for study group and control group was 5.876 which was greater than the table value 1.67 at $p < 0.05$ level. It shows that assertiveness training was effective in reducing the level of social anxiety. Hence, the research hypothesis (H_1) is accepted. No significant association was found between the post-test level of social anxiety among adolescent girls in study group and control group with their selected demographic variables. Hence hypothesis (H_2) is not accepted.

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CHAPTER I

INTRODUCTION

Adolescence is a period of transition between childhood and adulthood. Adolescence is the phase, usually between 13-18 years, in which children undergo rapid changes in body size, physiology, psychological and social functioning, whose cultural purpose is the preparation of children for adult roles. It is a period of multiple transitions involving education, training, employment and unemployment, as well as transitions from one living circumstance to another. Many people get nervous or self-conscious on occasion, like when giving a speech or interviewing for a new job. But social anxiety or social phobia is more than just shyness or occasional nerves. With social anxiety disorder, fear of embarrassing oneself is so intense that you avoid situations that can trigger it. Many Adolescent are experiencing anxiety in the academic area, social situation etc.

The twenty-first century is with rapid changes in environmental structure which has been called a stressful, anxious and pressured century. Therefore, psychological disorders have been increasing among people. Anxiety represents one of the most important and wide spread disorders which most people suffer and the most prevalent anxiety disorders are those associated with social communication problems. Social phobia is considered one of the most prevalent anxiety disorders in the United States in which more than 23 million people are affected every year and one in four has anxiety.

Anxiety is pervasive and unpleasant causing physical symptoms such as sweating, palpitation, chest muscle spasm, gastrointestinal diseases and agitation which are created as a response to internal and external stimulation and it tends toward cognitive, emotional, physical and behavioural symptoms. Although anxiety is not so serious and people experience it everywhere and constantly within all cultures, today the educational system is worried about students anxiety which can be intolerable for some. Academic anxiety, during education, is the most important kind of anxiety in teen years. It threatens student's

psychological health and affects their efficiency, aptitude, personality formation and social identity.

Assertiveness training is a structural intervention which is used for social relationship improvement, anxiety disorder therapy and phobias in children, teenagers and adults. This training is a multi-content method which includes guidance, role playing, feedback, modelling, practice and the review of trained behaviours. Assertiveness or disclosure is one of the most important and fundamental social skills which are part of behavioural and interpersonal skills. It seems that low assertiveness and high anxiety in students simultaneously creates educational dysfunction, cessation of learning ability, weakness and decrease in aptitude. It not only endangers student's psychological health but also deprives them of a healthy life. Up to now, different research has studied the effect of assertiveness on educational anxiety but with different results.

Mahnaz, M. (2004) shows the positive effect of assertiveness training on decrease of educational anxiety. Assertiveness training which emphasizes self-expression in socially acceptable ways is particularly appropriate at the beginning of adolescence (Wise, Bundy, Bundy, Wise 1991).

Background of the study

Social anxiety is the 3rd largest mental health care problem in the world today. Approximately 7% of the population suffer from some form of social anxiety disorder. In worldwide, one year prevalence of social anxiety is estimated by various sources at 4.5%, while lifetime prevalence appears to be approximately 3.6%. Again, rates vary drastically from 0.53% in Korea to 45.6%. In the Russian federation and in the United States, it is estimated that approximately 6.8% of the population suffers from social anxiety.

40% have social anxiety disorder prior to the age of ten and 95% by the age of twenty. This disorder is more prevalent in females than males. Lifetime prevalence estimates for social anxiety very greatly range from 0.4% to 20.4% in different studies.

In India, there has been only one study on social anxiety (among high school students) which mentions a prevalence of 12.8% and also an association with impairment in academic functioning. The 2004 psychiatric epidemiology in India statistics shows that the extrapolated prevalence of social anxiety was 20,753,213 and the warning extrapolated incidents of social anxiety were 39,407,612. In Tamil Nadu, the lifetime prevalence of social anxiety was estimated ranging from 7-12%.

Given the array of changes and uncertainties facing a normal teenager, anxiety often hums along like background noise. For some teenagers, anxiety becomes a chronic, high-pitched state, interfering with their ability to attend school and to perform up to their academic potential. Participating in extracurricular activities, making and keeping friends, maintaining a supportive, flexible relationship within the family become difficult when the adolescent suffered by social anxiety. Sometimes, anxiety is limited to generalized, free-floating feelings of uneasiness. At other times, it develops into panic attacks and phobias.

Social Anxiety disorders vary from teenager to teenager. Symptoms generally include excessive fears and worries, feelings of inner restlessness. Even in the absence of an actual threat is some teenagers describe feelings of continual nervousness, restlessness, or extreme stress. In a social setting, anxious teenagers may appear dependent, withdrawn, or uneasy. They seem either overly restrained or overly emotional. They may be preoccupied with worries about losing control or unrealistic concerns about social competence. Teenagers who suffer from excessive anxiety regularly experience a range of physical symptoms as well. They may complain about muscle tension and cramps, stomach-aches, headaches, pain in the limbs and back, fatigue, or discomforts associated with pubertal changes. They may blotch, flush, sweat, hyperventilate, tremble and startle easily.

Anxiety, during adolescence, typically centres on changes in the way the adolescent's body looks and feels social acceptance and conflicts about independence. When flooded with anxiety, adolescents may appear extremely shy. They may avoid their usual activities or refuse to engage in new experiences. They may protest whenever they are apart from friends or in an

attempt to diminish or deny their fears and worries, they may engage in risky behaviours, drug experimentation, or impulsive sexual behaviour.

Assertiveness is the ability to express yourself and your rights without violating the rights of others. It is appropriately direct, open, and honest communication which is self-enhancing and expressive. Acting assertively enhances self-confidence.

Assertiveness training is a form of behaviour therapy designed to help people stand up for themselves-to empower themselves, in more contemporary terms. Assertiveness is a response that seeks to maintain an appropriate balance between passivity and aggression. Assertive responses promote fairness and equality in human interactions, based on a positive sense of respect for self and others.

Assertiveness training has a decade-long history in mental health and personal growth groups, going back to the women's movement of the 1970s. The approach was introduced to encourage women to stand up for themselves appropriately in their interactions with others, particularly as they moved into graduate education and the workplace in greater numbers. The original association of assertiveness training with the women's movement in the United States grew out of the discovery of many women in the movement that they were hampered by their inability to be assertive. Today, assertiveness training is used as part of communication training in settings as diverse as schools, corporate boardrooms and psychiatric hospitals, for programs as varied as substance abuse treatment, social skill training, vocational programs and responding to harassment.

Assertiveness training promotes the use of "I" statements as a way to help individuals express their feelings and reactions to others. A commonly used model of an "I" statement is "when you _____, I feel _____", to help the participant describe what they see the other person as doing, and how they feel about that action. "I" statements are often contrasted with "you" statements, which are usually not received well by others. For example, "When you are two hours late getting home from work, I feel both anxious and angry," is a less

accusing communication than "You are a selfish and inconsiderate jerk for not telling me, you would be two hours late." Prompts are often used to help participants learn new communication styles. This approach helps participants learn new ways of expressing themselves as well as how it feels to be assertive.

Learning specific techniques and perspectives, such as self-observation skills, awareness of personal preferences and assuming personal responsibility are important components of the assertiveness training process. Role-play and practice help with self-observation, while making lists can be a helpful technique for exploring personal preferences for those who may not have a good sense of their own needs and desires. Participants may be asked to list anything from their ten favourite movies or pieces of music to their favourite foods, places they would like to visit subjects that interest them, and so on.

Significance and Need for the study

Social anxiety disorder (SAD) (also known as "social phobia") is a prevalent disorder with its onset almost universally in childhood or adolescence. Recent estimates indicate that between 4% and 8% of adults in the general population suffer from SAD in a given year, with even higher rates when lifetime prevalence is considered. In a community study of adolescents and young adults aged 14 to 24 years, from which the current report is derived, we found a lifetime prevalence of DSM-IV SAD of 9.5% in females and 4.9% in males. Up to 14% of adults have social anxiety disorder and 0.1% of children have this disorder or one in a thousand.

Most commonly social anxiety develops between early adolescence and age 25 (Schnier). People of lower education/or income are prone to develop a social anxiety (Magee). Another characteristic feature of the longitudinal course of SAD, in addition to its early onset, is its frequent co-occurrence with depressive illness. Social anxiety disorder is reported to be the most commonly occurring co morbid anxiety disorder among patients with depressive disorders. Furthermore, when co morbidity does occur, SAD almost always starts first, often many years prior to the onset of depression. This consistent finding has spurred interest in the study of SAD as a possible risk factor for major

depression. Social phobia affects approximately 2% of the population at any time. However, it is also believed that 90% of people with social phobia are misdiagnosed so the problem of social phobia is thought to be much larger than current statistics show.

In a longitudinal study, anxiety disorders in early adolescence predicted clinically significant depressive and anxiety disorders (especially SAD) in early adulthood. Furthermore, the association between early onset (e.g., prepubertal) anxiety and depression in young adulthood is evident when looking at family patterns of transmission in depressive high-risk families. These observations have sparked interest in the possibility that early identification of and intervention with socially anxious children or adolescents might reduce their risk for depressive disorders in later life. Approximately 9% of adolescents met criteria for any social phobia in their life time.

According to **Mohebi, et al.**, due to a significant decrease in anxiety and increased decisiveness in the experimental group, it can be claimed that assertiveness training is an effective non-pharmacological method for reducing academic anxiety and it can improve academic performance.

Assertiveness training program is designed to improve an individual's assertive beliefs and behaviours, which can help the individual, change how they view themselves and establish self-confidence and social anxiety (Wesley & Mattaini, 2008).

Corey, (2009) explained that assertive training is based on the principle of social learning theory and incorporates many social skills training methods. Assertiveness training was found to be effective in improving the social coping skills of general populations of adolescents (Rotheramve Armstrong, 1980; Howing, Wodarski, Kurtz, & Gaudin, 1990) and unassertive adolescents (McNeilly & Yorke, 1990).

Korsgaard, Roberson & Rymph., (1998) reported that the acquisition of assertion skills enhances personal relationships and interactions between people. Assertiveness training can improve individuals' social skills and emotional health (Eskin, 2003; Glueckauf & Quittner, 1992). **Dwairy, (2004)** viewed

assertiveness training as a process of learning to stand up for one's rights and cope assertively, not passively or aggressively.

Social anxiety is a common problem in adolescent girls. Social anxiety disorder occurs in females nearly twice often as males. Hence, the researcher intended to use assertiveness training to reduce the level of social anxiety in adolescent girls. The investigator sees many adolescents having difficulty to perform their task because of social anxiety. They have the anxiety while performing any task like being a center of attention, performing a task in front of an audience, public speaking etc. This motivated the researcher to conduct study on assertiveness training to reduce social anxiety of adolescent girls.

Statement of the problem

A quasi-experimental study to evaluate the effectiveness of assertiveness training on social anxiety among adolescent girls in selected schools, Kanyakumari district

Objectives of the study

1. To assess the prevalence of social anxiety
2. To assess and compare the pre-test and post-test level of social anxiety among adolescent girls in study group and control group
3. To evaluate the effectiveness of assertiveness training on social anxiety among adolescent girls in study group
4. To find out the association between post-test level of social anxiety with the selected demographic variables in study group and control group

Research hypotheses

H₁-There is a significant difference between pre-test and post-test level of social anxiety among adolescent girls in study group and control group.

H₂-There is a significant association between post-test level of social anxiety among adolescent girls with their selected demographic variables between the study group and control group.

Assumption

1. Adolescent girls may have social anxiety.
2. Assertiveness training may reduce social anxiety among adolescent girls.

Operational definitions**Evaluate:**

Evaluation refers to the identification of difference between pre-test and post-test level of social anxiety among adolescent girls.

Effectiveness:

Effectiveness is the significant reduction in social anxiety among adolescent girls in study group and can be measured by comparing with control group.

Assertiveness training:

It refers to the material designed for adolescents that promotes assertive behaviour and reduce social anxiety. It includes using I statements, broken record, making and refusing requests assertively that reduce social anxiety.

Adolescent girls:

Adolescent girls refer to the people who are in the age group of 12-15 years.

Social anxiety:

It refers to intense fears that affect interaction in social situation such as meeting new people, talking to people in authority, acting or giving a talk in front of others, taking an important test, being centre of attention as measured by modified liebowitz social anxiety scale.

Delimitations

The study is delimited to,

1. Sample size of 60.
2. Adolescent girls in selected schools, Kanyakumari district.
3. Period of one month.

Projected Outcome

The finding of the study help the adolescent girls to reduce the level of social anxiety and help the adolescent girls to involve any activities without having anxiety. Assertiveness training reduce the level of social anxiety and improve the self-confident levels.

CONCEPTUAL FRAMEWORK

The conceptual framework or model is a phenomenon made up of concepts that are the mental image of a phenomenon. These concepts are linked together to express their relationship between them. A model is used to denote symbolic representation of concepts.

The investigator adopted the conceptual framework based on **Von Ludwig Bertalanffy** general system theory. Living systems are open because there is on-going exchange of matter, energy, information. In general system theory, the systems are composed of structured components that interact within boundary, which filter the type of rate exchange with the environment. A structure refers to the arrangements of the part at given time whereas function is the process of continuous change in the system as matter, energy and information.

For survival, a system must achieve a balance internally and externally. Equilibrium depends on the system's ability to regulate input and output to achieve a balanced relation of the interactive part and the process applied for proper balance. The system uses various adaptation mechanisms to maintain equilibrium. Adaptation may occur through accepting or rejecting the matter energy or information or by accommodating the input and modifying the system response.

Von Ludwig Bertalanffy general system theory focuses on three areas.

- Input
- Throughput
- Output

Input:

According to general system theory, input refers to the matter energy or information from the environment into the system. Here the input includes subject's age, education, birth status, type of family, residence, religion, caste, family income per month, socioeconomic status, primary care giver and educational status of parents. The main aspect of input which leads to the next system is pre assessment level of self-system in both groups by modified liebowitz social anxiety scale. Both aspects are considered and both are open systems which are interacting with each other.

Throughput:

In this model, throughput refers to the procedure by which matter, energy and information that is transformed which in the system. In the present study, it includes assertiveness training programme such as using I statements, broken record and making and refusing requests assertively which is followed by post assessment of social anxiety level in both groups.

Output:

Output refers to matter, energy and information that are released from the interaction of the system. In this study the interaction is reducing the level of social anxiety among adolescents in the study group

Feedback:

Feedback refers to the information of environment responses to the systems output. So the information thus acquired could be feedback to the system which could help in reducing the level of social anxiety and improve the assertive level

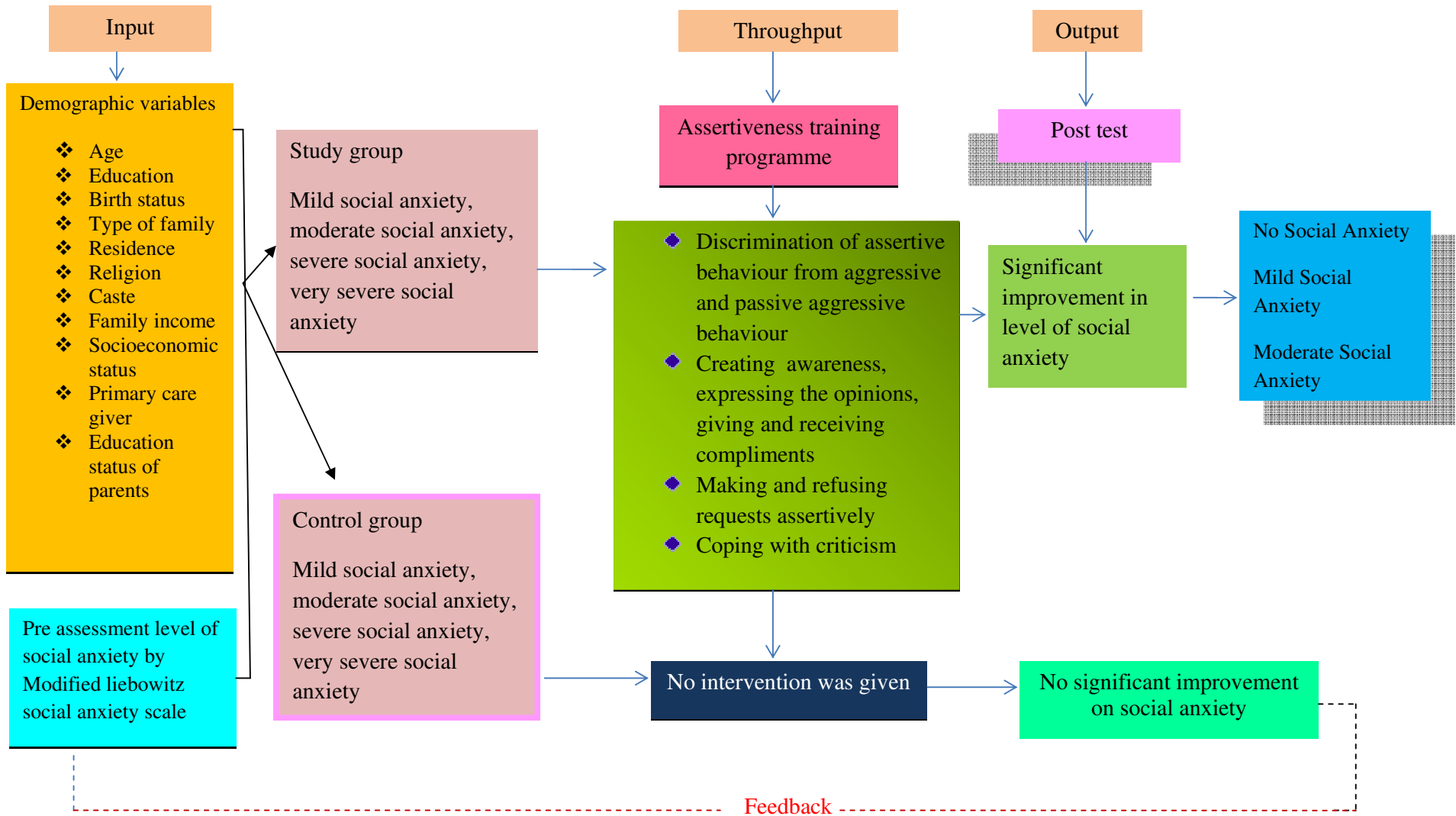


FIGURE:1 CONCEPTUAL FRAMEWORK BASED ON VON LUDWING BERTALANFEY GENERAL SYSTEM THEORY(1994)

CHAPTER II

REVIEW OF LITERATURE

Review of literature is a vital component of the research process. It gives the researcher orientation to conduction of the study. It provides the source of research ideas for the new researcher.

The review of literature is presented under the following sub headings.
Review of literature is related to

Section 1: The study related to social anxiety among adolescents.

Section 2: The study related to the effects of assertiveness training.

Section 3: The study related to the effects of assertiveness training on social anxiety

Section 1: The study related to social anxiety among adolescents

Demir., T. (2012) conducted a study on prevalence of psychosocial characteristics of social anxiety disorder in an urban population of Turkish children and adolescents. The initial sample included 1,482 students between the 4th and 8th grades. The first stage involved screening using the social anxiety scale for children revised (SASC-R) and the social phobia scale for children and adolescents (CSPSCA). According to the test results, 324 children were interviewed using the schedule for affective disorders and schizophrenia for school age children present and lifetime version (K-SADS-PL) in the second stage. The social anxiety disorder prevalence rate was 3.9%. According to the multiple regression analysis, low paternal education and trait anxiety were associated with SASC-R scores, whereas female gender and trait anxiety were associated with CSPSCA scores.

Iffland., B. (2011) conducted a study related to psychopathology in subjects with various degrees of social anxiety. The study was conducted as web based internet survey of participants (n=995) who had social anxiety symptoms falling within the high range and including many respondents who had scores in the clinical range. Regression and median analyses revealed that parental

emotions maltreatment and emotional peer victimization were independently related to social anxiety and mediated the impact of maltreatment showed higher rate of psychopathology than subjects with a history of physical maltreatment.

Masruha, M.R. (2011) conducted a study to determine social anxiety on adolescents with chronic migraine in Brazil. The study was performed between August 2009 and August 2010; all patients were recruited in schools, paediatric, neuropsychiatric facilities, and were submitted to a detailed headache questionnaire, which consisted of demographic and clinical data. To evaluate social anxiety, the social phobia inventory was used. A total of 151 subjects were evaluated: 50 had chronic migraine, and 50 had episodic migraine and 51 were control subjects. In the chronic migraine group, the mean score in the social phobia inventory was 18.5 ± 12.4 , which was significantly higher than in the episodic migraine group (12.1 ± 8.1) and in the control group (13.8 ± 10.8 ; $f(2,131)=4.8$, $p=0.010$). The mean score however was not significantly different between the control and episodic migraine groups.

Nordgreen, T. (2011) conducted a study on outcome predictors in guided and unguided self-help for social anxiety disorder in Sweden. 245 samples were selected who received both guided and unguided self-help for social anxiety disorder. The study examined pre-treatment symptoms and program factors as predictors of treatment adherence and a bad outcome. The findings suggested that guided and unguided self-help may increase access to social anxiety disorder treatment in population that is more heterogeneous.

Carlos, B. (2011) conducted a study on predictors of persistence of social anxiety disorder: a national study of a large survey of representative sample of the US adult population ($n=77,746$). The results found that 22.3% of respondents with social anxiety disorder at wave one evaluation had social fears and higher number of avoided situations, treatment seeking past year and co morbidity with mood disorders independently predicted persistence of social anxiety disorder.

Wittchen, (2000) conducted a study on social fears and social phobia in a community sample of adolescents and young adults: prevalence, risk factors and co morbidity prospective longitudinal community study among 3021 subjects aged 14-24. The results showed that life time prevalence of social phobia was 9.5% in females and 4.9% in males, which about one-third being classified as generalized social phobia's.

Nadia, N. (2000) conducted a study on social anxiety among adolescents and to find relation between peer relations and friendships. The examiner tested the utility of modifying the social anxiety scale for children Revised (SASC.R) used with adolescents and examined association between adolescent's social anxiety and their peer relations, friendships and social functioning. 101 boys and 149 girls in the 10th through 12th grades were used as the samples for the study. Girls reported more social anxiety than boys and it was more strongly linked to girls functioning than boys specifically, adolescents with higher levels as reported poorer social functioning and girls with higher social anxiety levels reported fewer friendships and less intimacy, companionship and support in their close friendships.

Section 2: The study related to the effects of assertiveness training:

Akbari, B., & Mohamad, J. (2012) conducted a study on the effect of assertiveness training methods on self-esteem and general self-efficacy of female students of Islamic Azad University, Anzali branch. Research design was two study group and one control group with pre-test and post-test. Samples were selected through random sampling method. 40 samples were selected as a study group. It was conducted as 8 sessions. Results show that as is effective to increase the self-esteem and general self-efficacy of female students. ($F=6.48$, $P<0.05$)

Solaf, & A.Laila, H. (2011) undertook a study on the effect of assertiveness training program on self-esteem and assertiveness skills of students at the faculty of nursing, Alexandria University. The subjects comprised 80 nursing students, who were divided randomly to 40 students for study group and 40 for ctrl group. The data were collected by using assertiveness scale and self-esteem scale. Results show that the difference between the mean scores of the 2

independent samples was significant ($t=5.47$). The difference between the mean scores of the two independent alcohol dependents was significant ($t=3.54$). The study concluded that assertive behaviour and self-esteem can be learnt and that students who studied at faculty of nursing can significantly benefit from an assertiveness training program to increase their assertiveness skills and self-esteem.

Nnodum, B.I. (2010) investigated the relative effectiveness of Assertiveness Training(AT), Modelling (M) and a combination of Assertiveness Training and Modelling(AT& M) techniques in improving the social skills of primary school isolates and consequently reduces their isolate behaviour. The study is a quasi-study research that adopted a pre-test, post-test, treatment control group design with a 4x2 matrix. It was conducted in one of the primary schools in Orlu local government area of Imo state. 4 study groups comprising of 3 treatment groups of Assertiveness Training and Modelling who were treated through 8 therapy sessions for 6 weeks were used for the study, 48 participants were randomly selected from the target population and they were randomly assigned to the 4 study groups. The result revealed that the treatment techniques were equally effective and superior to the ctrl condition in improving the social skills of isolates and reducing their isolate behaviour.

Taehan, K. (2006) has done a study to assess the effect of assertiveness training on communication related factors and personnel turnover rate among hospital nurses. A non-equivalent control group pre-test and post-test design was used in this study. Nurses were assigned into the study or control groups, each consisting of 39 nurses, the assertiveness Training was effective in improving interpersonal relations, reducing the subject's communication conflicts, changing the conflict management style or reducing their personnel turnover rate.

Yen, R.U. (2004) has performed a study on the evaluation of an assertiveness training program on nursing and medical student's assertiveness, self-esteem and interpersonal communication satisfaction. Using a longitudinal research design, 69 participants whose scores on the assertive scale were 50% (i.e., low assertiveness) and assigned to a study group (33 subjects) or comparison group (36 participants; participants were matched with the study group by grade

and sex). Participant in the study group received 82 hour sessions of Assertiveness training once a week. Data were collected before and after training and again one month after the end of the training using the rotter's internal versus external control of reinforcement scale, sex role inventory, assertive scale, esteem scale and interpersonal communication satisfaction inventory. The findings showed that the assertiveness and self-esteem of the study group were significantly improved in nursing and medical students after Assertiveness Training ($f=8.2$, $P<.05$) although interpersonal communication satisfaction of the study group was not significantly improved after the training programme.

Adinolfi, A. (2002) has conducted a study to assess the effectiveness of group assertiveness training programme with 6 samples in a particular community at bar Iian University using rathus assertive scale. The result showed that the preassessment showed less assertiveness level and after training the alcoholic has increase the assertive level by 56%.

Section 3: The study related to the effects of assertiveness training on social anxiety:

Mohebi, S. et al. (2008) conducted a study to assess the effectiveness of assertiveness training on student's academic anxiety. This study is an attempt to determine the effect of assertiveness training on reducing anxiety levels in pre-college academic students in Gonabad city in 2008. Totally 89 students were divided into experimental and control groups. There were three questionnaires, namely demographic, academic anxiety and assertiveness, Rathus questionnaires in which the validity and reliability were calculated and approved. They had a post-test 8 weeks after the last training session for each group was conducted. The data was analyzed by SPSS. The results showed that anxiety levels and decisiveness in the target group were moderate to high and it is seen as a significant reverse relationship between these two factors ($r=-0.69$ and $p<0.001$). The results also showed that there was a significant anxiety decrease in the experimental group after the intervention. So assertiveness training is an effective non-pharmacological method for reducing academic anxiety and it can improve academic performance.

Niusha, B. (2012) has conducted a study to assess the effect of assertiveness training on test anxiety of girl students in guidance schools. This study was a quasi-experimental design with pre-test post-test and two follow-ups. So, among 74 students, 30 students who had test anxiety, were assigned as the experimental and control group (15 students in each group). The experimental group were taught assertiveness training for eight 50-minute sessions. The data were analysed through ANOVA with repeated measuring. The results indicated that assertiveness training decreased the level of Test Anxiety in students significantly, and the reduction of Test Anxiety after assertiveness training remained stable over time.

Masoomeh, Y. et al. (2013) performed a study to assess the effect of assertion training on social anxiety. The study, based on its nature, goal and hypothesis was implemented in a semi-experimental with pre-test, post-test design and control group. The statistical population includes 2000 students of Golestan University. 60 of the students were randomly chosen and divided into two groups of experimental and control. The pre-test was done for both the groups. Then the groups were randomly chosen and then the assertive training as the independent variable was implemented for experimental group while the control group received no training. The assertive training research's instrument was used along with the use of Miller Hope Questionnaire (1998) and Jerabek Social Anxiety (1996). Data was analysed by SPSS-19 software. Regression test for investigating the variables relations and comparing the means of control and experimental group in hope and social anxiety variables indicated that the assertive training has a meaningful impact on hope mean and the social anxiety as well.

Lin, YR. et al. (2008) investigated the effectiveness of assertiveness training programmes on psychiatric patients' assertiveness, self-esteem and social anxiety. It is useful for patients with depression, depressive phase of bipolar disorder, anxiety disorder or adjustment disorder. The design was Experimental design. There were 68 subjects (28, experimental group; 40, diagnosis-matched comparison group). Subjects in experimental groups participated in experimenter-designed assertiveness training twice a week (two hours each) for four weeks. The

comparison groups participated the usual activities. Data were collected in the two groups at the same time: before, after and one month after training programme. Efficacy was measured by assertiveness, self-esteem and social anxiety inventories. After training, subjects had a significant increase in assertiveness immediately after the assertiveness training programme and one-month follow-up. There was a significant decrease in social anxiety after training, but the improvement was not significant after one month. Self-esteem did not increase significantly after training.

Moore, K.A et al. (2003) conducted a study to assess the relationship between assertiveness and social anxiety in college students. The current study investigated the validity of a generally accepted aspect of the definition of assertiveness (i.e., assertive persons have little anxiety). It was hypothesized that assertive individuals have low levels of social anxiety. The Assertiveness Self-Report Inventory scale was used to measure assertiveness and the Fear of Negative Evaluation scale was used to measure social anxiety. The scales were given to a convenience sample of undergraduate students attending a small liberal arts college in the Midwest. A Pearson r correlation coefficient was used in the analysis of data. The null hypothesis was retained although significance was approached. This implies that further research is needed to identify different types and intensities of assertive behaviour.

CHAPTER- III

RESEARCH METHODOLOGY

This chapter deals with the methodology adapted to this study. It includes Research approach, Research design, Variables, Settings, Population, Sample, Sample size, and Criteria for sample selection, Sampling technique, Description of tool, Content validity, Pilot study, Reliability, Method of data collection, Plan for data analysis and Ethical consideration.

Research approach

The researcher utilized Quantitative research approach.

Research design

Quasi experimental non-equivalent pre-test post-test control group research design was adapted for this study.

Group	Pre test	Intervention	Post test
Study group (n=152)	O ₁	X (Assertiveness Training)	O ₂
Control group (n=160)	O ₁	-	O ₂

O₁ -Assessment of level of social anxiety

X -Assertiveness training

O₂ - Assessment of level of social anxiety after intervention

Variables

Independent variable -Assertiveness training

Dependent variable - Level of social anxiety

Demographic variables -Age, educational status, birth status, type of family, residence, religion, caste, family income per month, primary care giver and educational status of parents.

Setting of the study

The study was conducted in Hacker Higher Secondary School, Neyyoor, which is situated 17 kilometres away from St. Xavier's Catholic College of Nursing, Chunkankadai, Nagercoil. In this school, 560 female students are studying, in that 282 students are under the age group of 12-15 years. The investigator selected the control group population from L.M.S Girl's Higher Secondary School, Neyyoor, which is situated 18 kilometre away from St. Xavier's Catholic College of Nursing, Chunkankadai, Nagercoil. In this school, 653 female students are studying, out of that, 297 students are under the age group of 12-15 years.

Population

Target population - Adolescent girls with social anxiety.

Accessible population- Adolescent girls with social anxiety who are studying in Hacker Higher Secondary School, Neyyoor and L.M.S Girl's Higher Secondary School.

Sample

Adolescent girls who fulfilled the inclusion criteria who are studying in Hacker Higher Secondary School, Neyyoor and L.M.S Girl's Higher Secondary School, Neyyoor

Sample Size

Sample size was 312, out of which 152 samples in the study group and 160 samples are in the control group.

Sampling technique

Purposive sampling technique was adopted to select the adolescent girls within study group and control group. In that, the researcher selected school children who fulfilled the inclusion and exclusion criteria in the present study.

CRITERIA FOR SAMPLE SELECTION

Inclusion criteria

1. Adolescent girls who have social anxiety.
2. Adolescent girls in the age group between 12 and 15 years.
3. Adolescent girls who were studying in selected school.

Exclusion criteria

1. Adolescent girls who were not available at the time of data collection.
2. Adolescent girls with disobedient behaviour.

Description of tool

The tool used in this study has two parts.

Part – 1

A structured questionnaire to collect the demographic variables such as age, educational status, birth status, type of family, residence, religion, caste, family income per month, primary care giver and educational status of parents.

Part – 2

The Modified Liebowitz Social Anxiety Scale

The tool is prepared by the investigator after an extensive study of the related literature and with the guidance of experts.

Scoring

Less than 54: no social anxiety

55-65: mild social anxiety

66-80: moderate social anxiety

81-95: severe social anxiety

>96: very severe social anxiety

DESCRIPTION OF INTERVENTION

Assertiveness training sessions:

A-Goals of session:

- Participants get to know each other
- Develop an understanding about various aspects of assertiveness
- Gain knowledge about the importance of assertiveness

Step: 1

Giving and receiving compliments:

The researcher asked the students to tell what you like about yourself and then tell me what you like about the person sitting beside you.

Step: II

Knowledge on social anxiety:

The researcher explained about social anxiety

Step: III

Story of passive, aggressive and assertive behaviour

Session: II

Goals:

- To understand how to solve the problem assertively
- To emphasize the importance of one rights and recognizes the benefits of assertive act while standing up their rights
- To discriminate the passive, aggressive and assertive behaviour

Step: IV

Demonstration of problem solving approach

Step: V

Behavioural rehearsal by students

Session: III

Act assertively, making and refusing requests assertively

Goals:

- To understand how to act assertively
- To understand about saying no to unreasonable requests
- Increase assertive options for giving and receiving critics

Step: VI

How to act assertively

The group members were divided as directors and players. Two scenarios written by the researcher about acting assertively were introduced to the players. The players enacted the role play. The directors observed the voice, posture, gesture, eye contact and personal space. At the end of rehearsal the directors gave feedback to the students.

Step: VII

How to make and refuse request

The researcher explained to the students about how to make and refuse requests.

Step: VIII

Clarification and feedback

Content validity

The content validity of the tool was ascertained by the expert opinion from 1 medical practitioner and three nursing experts and one psychologist. The experts gave their opinions and suggestions for further modification of items to improve the clarity and content of the question. The formal tool was prepared as per the suggestion and advice given by experts.

Reliability

The Modified liebowitz social anxiety scale was administered to 20 participants. Test retest reliability was done and the calculated r value was 0.9 which concluded that the tool was reliable.

Table 3.1: Reliability

S.NO	Tool	'r' value
1	Modified liebowitz social anxiety scale	0.9

Pilot study

Pilot study was conducted in the Government Higher School, Alencode after receiving a formal approval from Principal of the school. The pilot study was conducted among six students three were in study group and three were in control group who were selected by social anxiety scale. Then pre assessment was done with the help of modified liebowitz social anxiety scale. The intervention was done with assertiveness techniques like broken record and using I statements. Then the post test was conducted on the sixth day. Analysis of the data was done by using descriptive and inferential statistics. The tool was reliable and scoring was found feasible and practicable. No changes were made and researcher proceeded for main study.

Data collection procedure:

After obtaining formal approval from the Principal of St. Xavier's Catholic College of Nursing and the Headmistresses of the schools the investigator proceeded with the data collection.

Step I:

The investigator selected samples from Hacker Higher Secondary School, Neyyoor and L.M.S Girl's Higher Secondary School, Neyyoor.

Step II:

Screening was done to identify the prevalence of social anxiety. Total strength of the study setting consists of 560 adolescent girls, in those 282 adolescent girls under the age group of 12-15. Control group consists of 653 adolescent girls, in those 297 adolescent girls under the age group of 12-15. The prevalence of social anxiety was identified with the help of modified liebowitz social anxiety scale. There were 152 samples with social anxiety in study group and 160 samples with social anxiety in control group. The investigator selected 152 samples for study group and 160 samples for control group. The modified liebowitz social anxiety scale was used to screen the study group and control group.

Step III:

Pre-test was assessed for 152 samples from study group and 160 samples from control group in the first week.

Step IV:

Selected social anxiety students were divided into 8 groups. Each group consists of 15-20 members. After the pre-test the social anxiety students from study group were taught assertiveness training in good ventilated area. Assertiveness training was given through coaching, role playing, power point presentation, feedback. The duration of procedure was one hour. The study was conducted from 01-08-2014 to 30-08-2014.

Step V:

Post test was conducted at the end of the fourth week of intervention for both study group and control group.

PLAN FOR ANALYSIS

Data was collected and analysed by using both descriptive and inferential statistics such as mean, standard deviation, chi square, paired and unpaired 't' test.

Descriptive statistics

1. Frequency and percentage distribution was used to analyse the demographic variables and to assess the level of social anxiety.
2. Mean and standard deviation was used to assess the effectiveness of assertiveness training on social anxiety level among adolescent girls.

Inferential statistics

1. Unpaired 't' test was used to compare post- level of social anxiety on control group and study group.
2. Paired 't' test was used to compare pre-test and post-test level of social anxiety among adolescent girls in study group and control group.

3. Chi-square was used to find out the association of post-test level of social anxiety in adolescent girls between the study group and control group with their selected demographic variables.

Ethical Consideration

The study was conducted after the approval of the dissertation committee of St.Xavier's Catholic College of Nursing on 27-12-2013. Permission was obtained from Hacker Higher Secondary School, Neyyoor and L.M.S Girl's Higher Secondary School, Neyyoor. Written consent was obtained from each subject before starting the data collection. Assurance was given to the study participants regarding the confidentiality of the data collected.

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of the data collected among adolescent girls with social anxiety. This chapter also represents the findings of the study. The data collected from the samples were tabulated, analysed and preserved in the tables and interpreted under the following sections based on the objectives and hypotheses of the study. This chapter is divided into four sections.

PRESENTATION OF DATA

This chapter is divided into four sections,

Section A: Prevalence of social anxiety among adolescent girls

Section B: Distribution of samples according to the demographic variables of the social anxiety adolescent girls in study group and control group

Section C:

- I. Distribution of adolescent girls in study group according to the level of social anxiety before intervention
- II. Distribution of adolescent girls in study group according to the level of social anxiety after intervention

Section D: Testing hypotheses

- I. Comparison of pre-test and post-test level of social anxiety among adolescent girls in study group and control group
- II. Comparison of post-test level of social anxiety among adolescent girls in study group and control group
- III. Association between the post-test level of social anxiety among adolescent girls in study group and control group with selected demographic variables

SECTION-A

PREVALENCE OF SOCIAL ANXIETY AMONG ADOLESCENT GIRLS

Table-4.1: Frequency and percentage of prevalence of social anxiety among adolescent girls

(n= 312)

Level of social anxiety	Frequency(f)	Percentage (%)
Study group	152	54
Control group	160	56

The 4.1 table shows that in study group, 152(54%) adolescent girls had social anxiety. In control group, 160 (56%) adolescent girls had social anxiety.

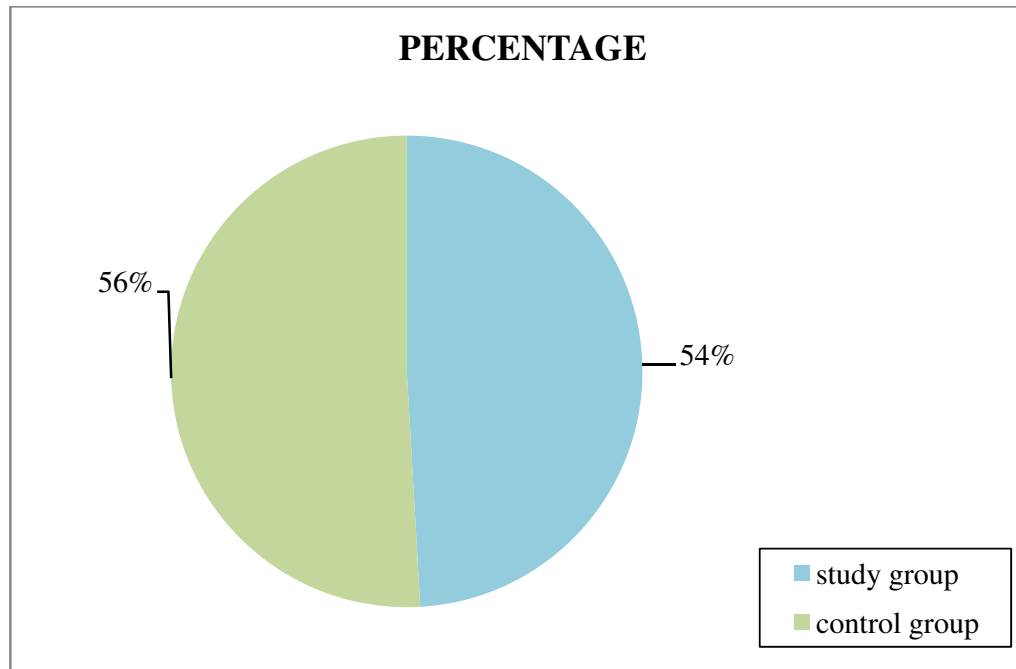


Fig-4.1: percentage distribution of adolescent girls according to prevalence of social anxiety

SECTION-B

**DISTRIBUTION OF ADOLESCENT GIRLS WITH SOCIAL ANXIETY
ACCORDING TO THE DEMOGRAPHIC VARIABLES IN STUDY
GROUP AND CONTROL GROUP**

Table-4.2: Frequency and percentage distribution of adolescent girls with social anxiety according to the demographic variables in study group and control group

(n=312)

S. NO	Demographic variables	Study group (n=152)		Control group (n=160)	
		f	%	f	%
1	Age				
	• 12	39	25.65	40	25
	• 13	38	25	39	24.37
	• 14	42	27.64	43	26.87
	• 15	33	21.71	38	23.76
2	Educational status				
	• 7 th std	39	25.65	40	25
	• 8 th std	38	25	39	24.37
	• 9 th std	42	27.64	43	26.87
	• 10 th std	33	21.71	38	23.76
3	Birth status				
	• Only child	22	14.48	20	12.50
	• First born	48	31.57	53	33.13
	• Second born	50	32.90	52	32.50
	• Last born	32	21.05	35	21.87
4	Type of family				
	• nuclear	82	53.95	86	53.75
	• Joint	68	44.74	72	45
	• extended	2	1.31	1	0.625
	• separated	0	0	1	0.625
5	Residence				
	• Semi Urban	87	57.24	96	60
	• Rural	65	42.76	64	40
6	Religion				
	• Hindu	76	50	76	47.5
	• Christian	74	48.68	81	50.63

	<ul style="list-style-type: none"> • Muslim • Others 	2 0	1.32 0	3 0	1.87 0
7	Caste <ul style="list-style-type: none"> • BC • SC • MBC • OC 	147 4 1 0	96.71 2.63 0.66 0	155 5 0	96.87 3.13 0 0
8	Income <ul style="list-style-type: none"> • <5000 • 5001-10000 • 10001– 15000 • >15000 	8 43 52 49	5.26 28.28 34.22 32.24	7 44 58 51	04.37 27.50 36.26 31.87
9	Primary care giver <ul style="list-style-type: none"> • Parents • Grandparents • Guardian 	150 1 1	98.68 0.66 0.66	159 1	99.37 0.63 0
10	Educational status- father <ul style="list-style-type: none"> • Middle School • Higher School • Higher Secondary • Graduate • Post Graduate 	7 42 69 22 12	4.60 27.64 45.39 14.48 7.89	8 41 73 25 13	05 25.63 45.63 15.62 08.12
11	Educational status-mother <ul style="list-style-type: none"> • Middle School • Higher School • Higher Secondary • Graduate • Post Graduate 	5 37 72 28 10	3.28 24.35 47.37 18.42 6.58	6 44 70 28 12	3.75 .50 43.75 17.50 07.50

Table No. 4.2 represents the distribution of adolescent girls, according to age in study group, 39 (25.65%) of them belong to the age group of 12 years, 38 (25%) of them belong to the age group of 13 years, 42 (27.64%) of them belong to the age group of 14 years and 33 (21.71%) of them belong to the age group of 15 years. In control group, 40 (25%) of them belong to the age group of 12 years, 39 (24.37%) of them belong to the age group of 13 years, 43 (26.87%) of them belong to the age group of 14 years and 38 (23.76%) of them belong to the age group of 15 years.

Distribution of adolescent girls according to their educational status shows that in study group, 39 (25.65%) were studying 7th std, 38 (25%) were studying 8th std, 42 (27.64%) were studying 9th std and 33 (21.71%) were studying 10th std. In control group, 40 (25%) were studying 7th std, 39 (24.37%) were studying 8th std, 43 (26.87%) were studying 9th std and 38 (23.76%) were studying 10th std.

Allocation of adolescent girls according to their birth status in study group, 22 (14.48%) were belong to only child, 48 (31.57%) were belong to first born, 50 (32.90%) were belong to second born and 32 (21.05%) were belongs to last child. In control group, 20 (12.50%) were belong to only child, 53 (33.13%) were belong to first born, 52 (32.50%) were belong to second born and 35 (21.87%) were last child.

Scattering of adolescent girls according to their type of family in study group, 82 (53.95%) belong to nuclear family, 68 (44.74%) belong to joint family and 2 (1.31%) belong to extended family. In control group, 86 (53.75%) belong to nuclear family, 72 (45%) belong to joint family, 1 (0.625%) belong to extended family and 1 (0.625%) belong to separated family.

Distribution of adolescent girls according to their residence in study group, 87 (57.24%) belong to semi urban and 65 (42.76%) belong to rural. In control group, 96 (60%) belong to semi urban and 64 (40%) belong to rural.

Allocation of adolescent girls according to their religion shows that in study group, 76 (50%) were belong to Hindu religion, 74 (48.68%) were belong to Christian and 2 (1.32%) were belong to Islam. In control group, 76 (47.5%) were

belong to Hindu religion, 81 (50.63%) belong to Christian and 3 (1.87%) were belong to Islam.

Scattering of adolescent girls according to their caste in study group, 147 (96.71%) belong to BC caste, 4 (2.63%) belong to SC caste and 1 (0.66%) belong to MBC caste. In control group, 155 (96.87%) were belong to BC caste and 5 (3.13%) were belong to SC caste.

Dispersion of adolescent girls according to their economic status shows that in study group, 8 (5.26%) had less than Rs.5000 per month, 43 (28.28%) had Rs.5001-10000 per month, 52 (34.22%) had more Rs.10001-15000 per month and 49 (32.24%) had more than Rs.15001 per month. In control group, 7 (04.37%) had less than Rs.5000 per month, 44 (27.50%) had Rs.5001-10000 per month, 58 (36.26%) had Rs.10001-15000 per month and 51 (31.87%) had more than Rs.15001 per month.

Allocation of adolescent girls according to their primary care giver in study group, 150 (98.68%) were cared by parents, 1(0.66%) were cared by grandparents and 1 (0.66%) were cared by guardian. In control group, 159 (99.37%) were cared by parents and 1 (0.63%) was cared by grandparents.

Distribution of adolescent girls according to their educational status of father in study group, 7 (4.60%) studied middle school, 27 (27.64%) studied High school, 69 (45.39%) studied Higher Secondary, 22 (14.48%) were holding graduate degree and 12 (7.89%) were holding postgraduate degree. In control group, 8 (05%) studied middle school, 41 (25.63%) studied High School, 73 (45.63%) studied Higher Secondary, 25 (15.62%) were holding graduate degree and 13 (08.12%) were holding postgraduate degree.

Dispersion of adolescent girls according to their educational status of mother in study group, 5 (3.28%) studied middle school, 37 (24.35%) studied High School, 72 (47.37%) studied Higher Secondary, 28 (18.42%) were holding graduate degree and 10 (6.58%) were holding postgraduate degree. In control group, 6 (3.75%) studied middle school, 44 (27.50%) studied High School, 70 (43.75%) studied Higher Secondary, 28 (17.50%) were holding graduate degree and 12 (07.50%) were holding postgraduate degree.

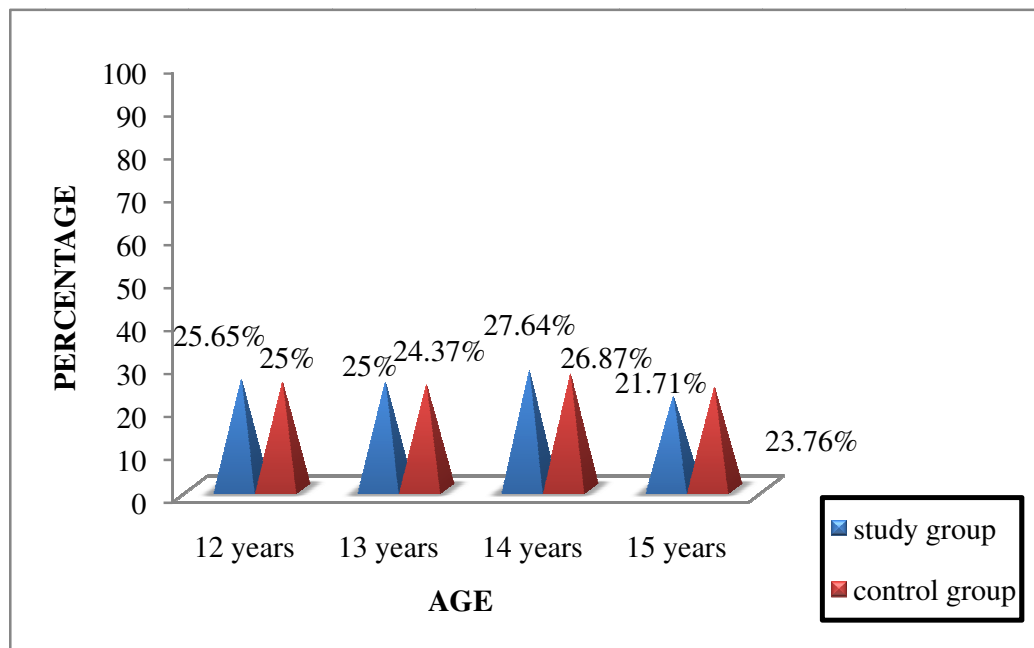


Fig- 4.2: percentage distribution of adolescent girls according to age.

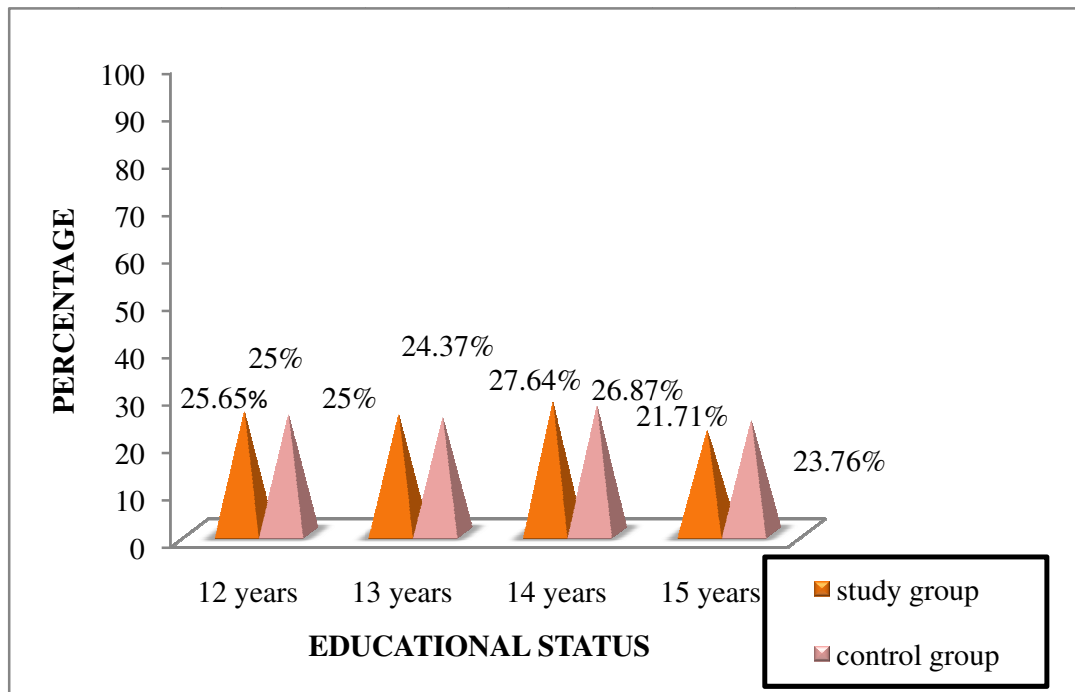


Fig- 4.3: percentage distribution of adolescent girls according to educational status

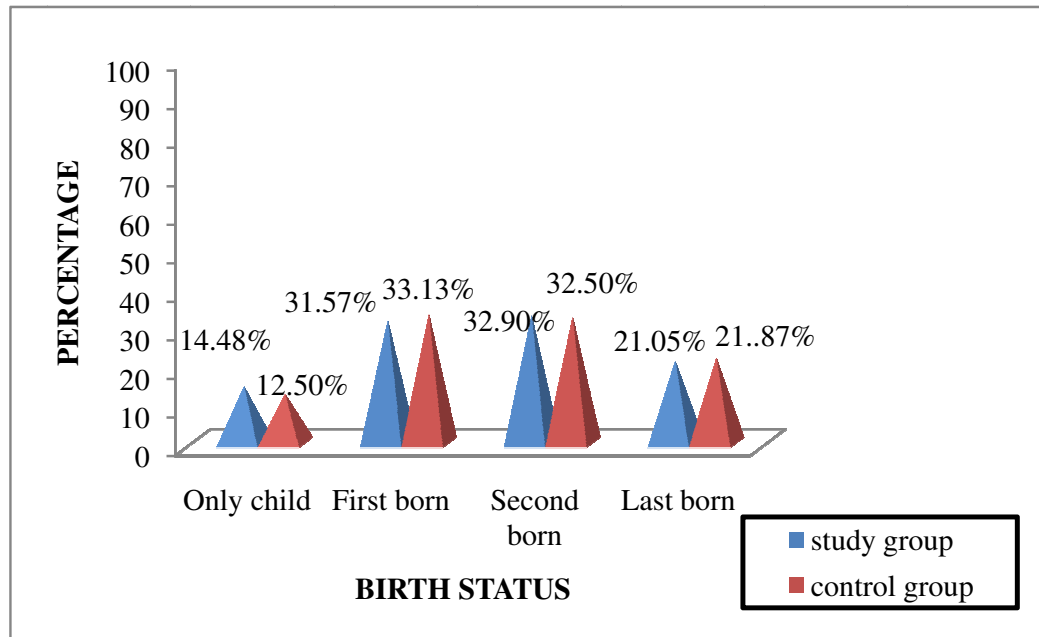


Fig – 4.4: percentage distribution of adolescent girls according to birth status

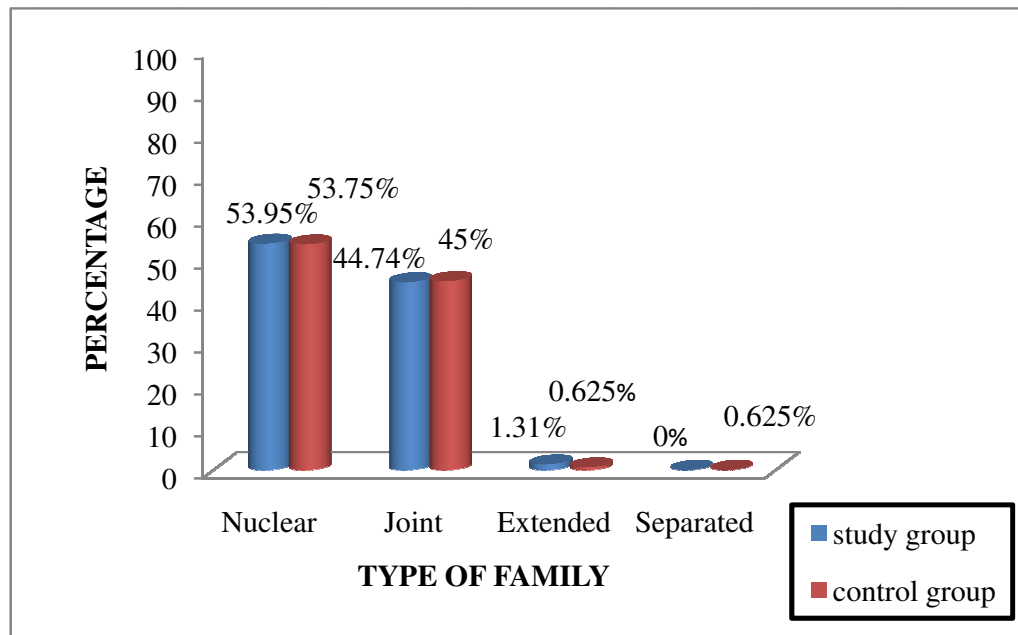


Fig – 4.5: percentage distribution of adolescent girls according to type of family

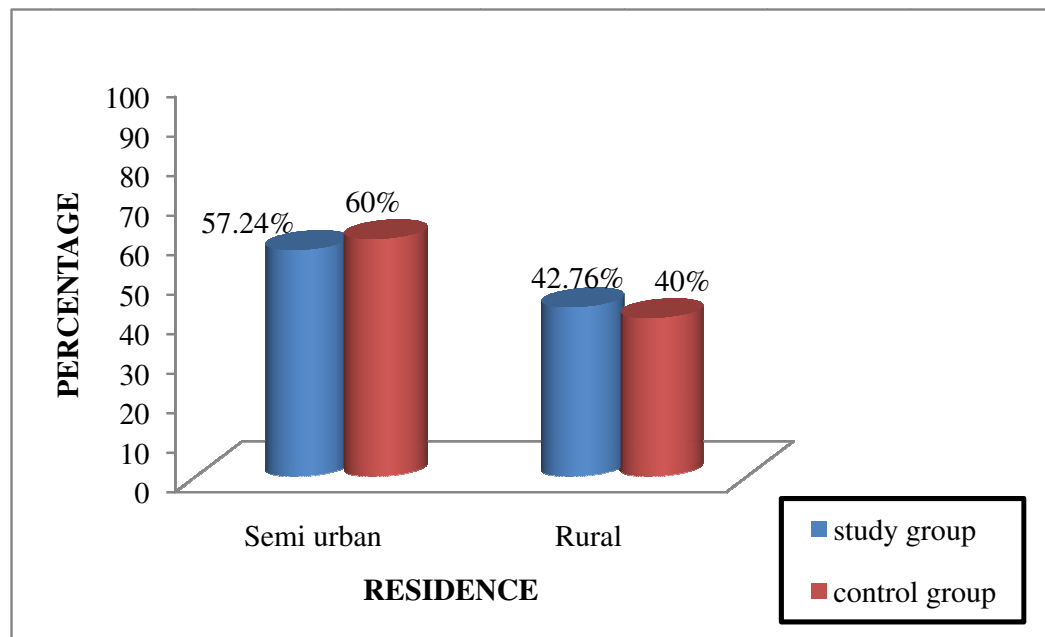


Fig – 4.6: percentage distribution of adolescent girls according to residence

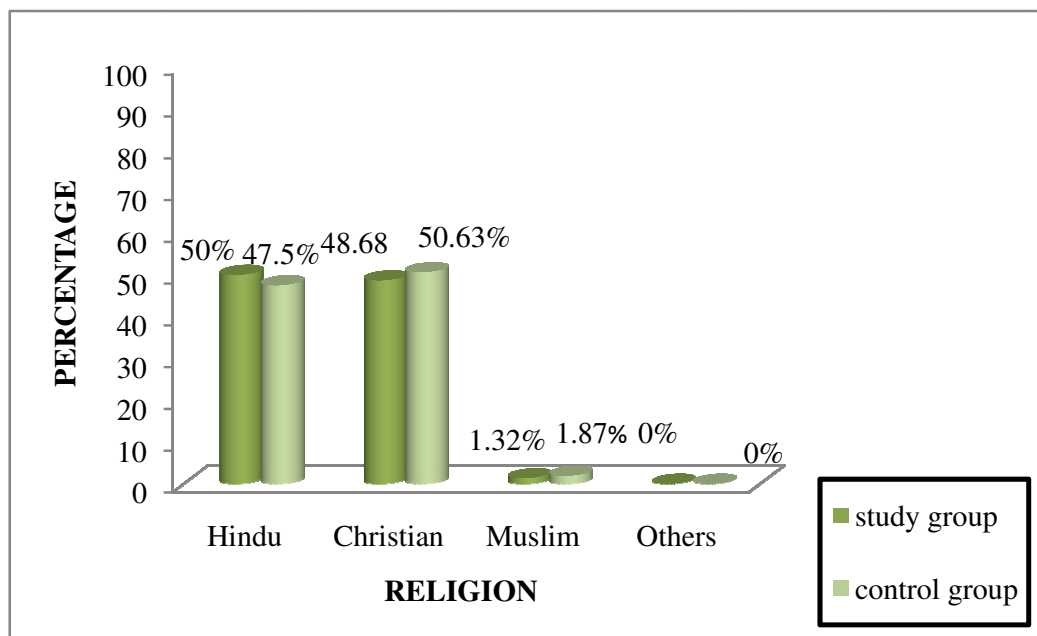


Fig – 4.7: percentage distribution of adolescent girls according to religion

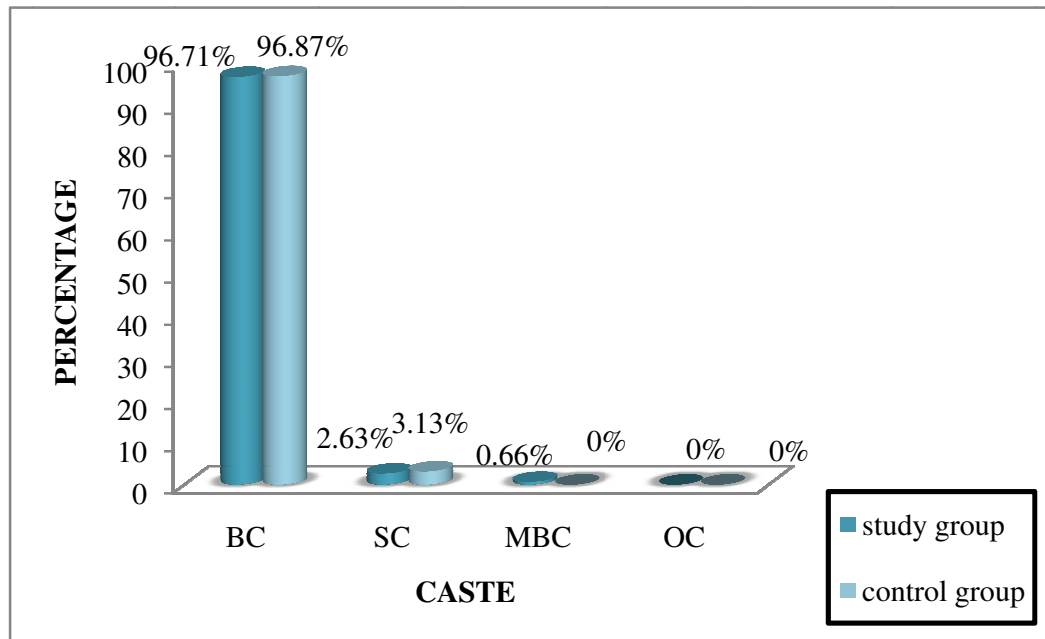


Fig – 4.8: percentage distribution of adolescent girls according to caste

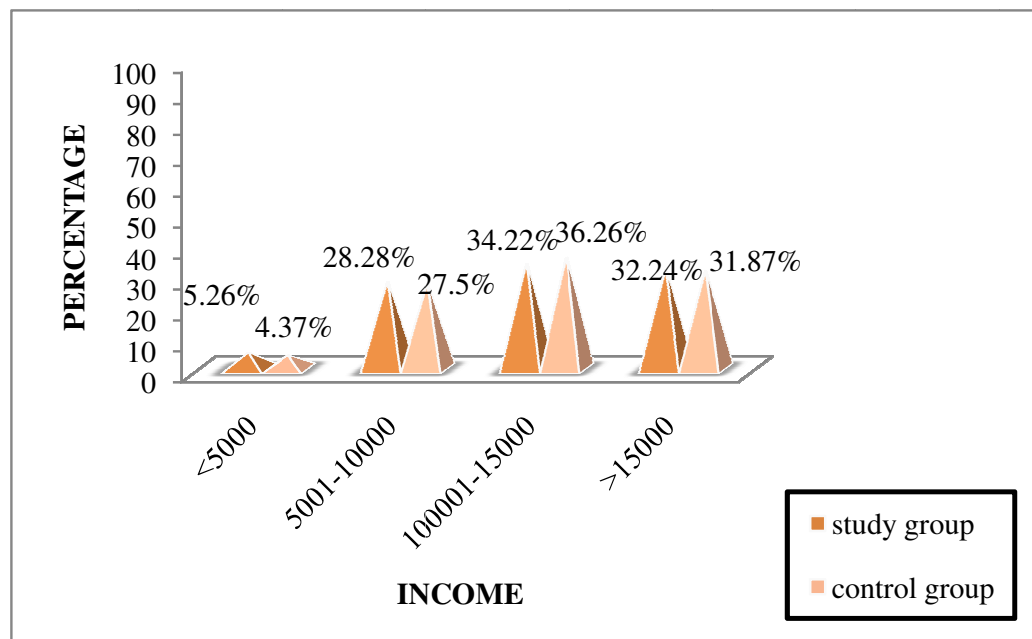


Fig – 4.9: percentage distribution of adolescent girls according to income

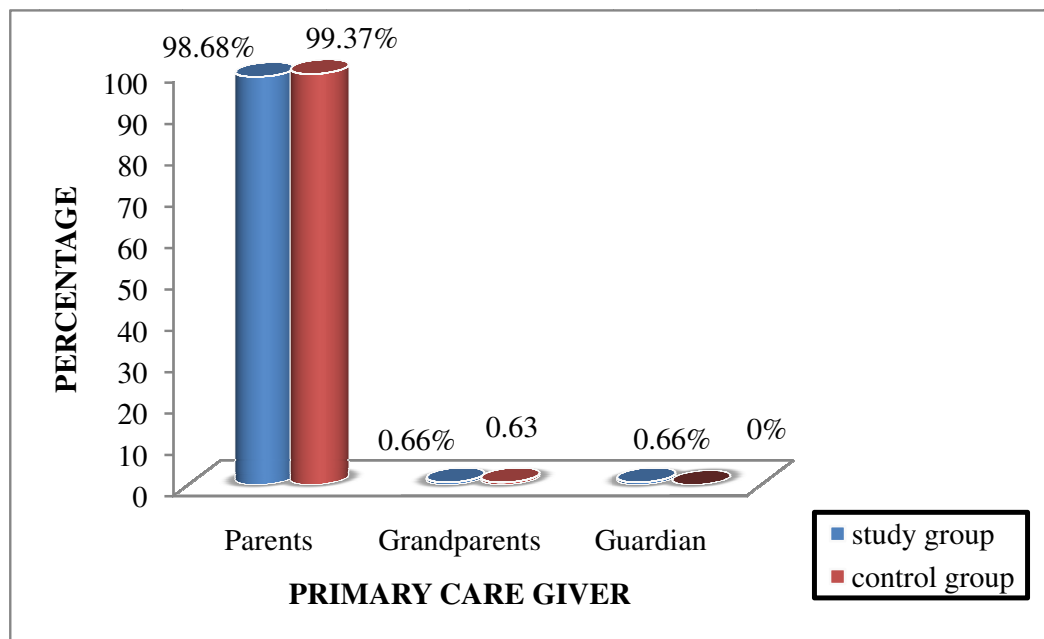


Fig – 4.10: percentage distribution of adolescent girls according to primary care giver

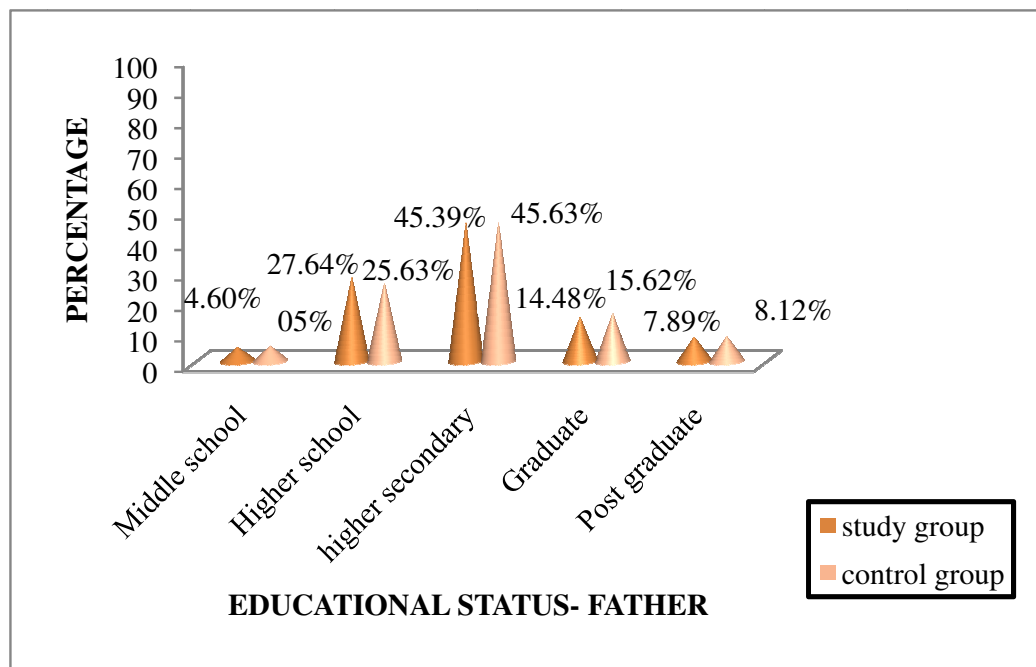


Fig – 4.11: percentage distribution of adolescent girls according to educational status - father

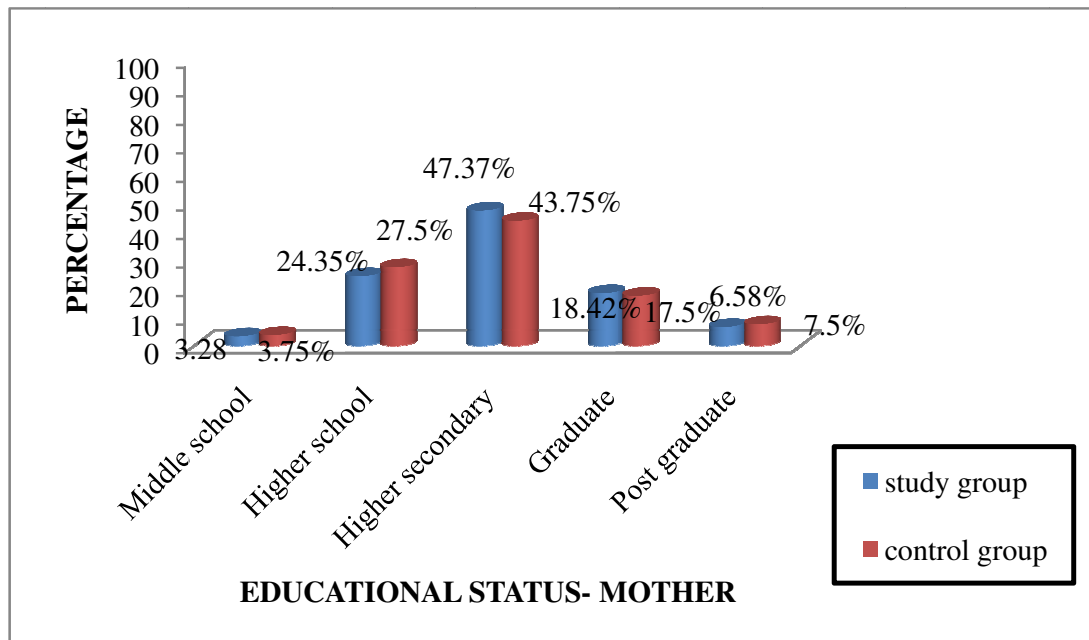


Fig – 4.12: percentage distribution of adolescent girls according to educational status - mother

SECTION-C

I. DISTRIBUTION OF ADOLESCENT GIRLS ACCORDING TO THE LEVEL OF SOCIAL ANXIETY BEFORE INTERVENTION

Table-4.3 Frequency and percentage distribution of adolescent girls according to the level of social anxiety in study group and control group before intervention

(n=312)

S.No	Level of Social anxiety	Study group n=152		Control group n=160	
		Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
1	No social anxiety	0	0	0	0
2	Mild social anxiety	96	63.16	93	58.13
3	Moderate social anxiety	35	23.03	38	23.75
4	Severe social anxiety	15	9.87	19	11.87
5	Very severe social anxiety	6	3.94	10	6.25

Table 4.3 represent, during pre-test, in study group none of them had no social anxiety, 96 (63.16%) had mild social anxiety, 35 (23.03%) had moderate social anxiety and 15 (9.87%) had severe social anxiety and 6(3.94%) had very severe social anxiety. In control group, none of them had no social anxiety, 93 (58.13%) had mild social anxiety, 38 (23.75%) had moderate social anxiety, 19 (11.87%) had severe social anxiety and 10 (6.25%) had very severe social anxiety.

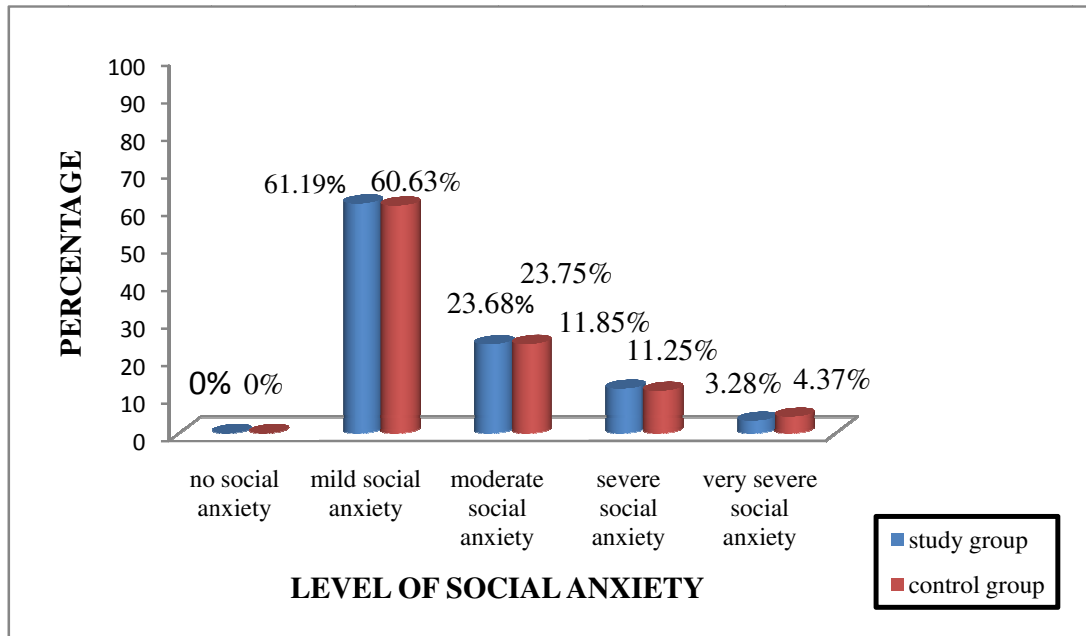


Fig-4.11: percentage distribution of adolescent girls according to the level of social anxiety before intervention

II. DISTRIBUTION OF ADOLESCENT GIRLS ACCORDING TO THE LEVEL OF SOCIAL ANXIETY AFTER INTERVENTION

Table-4.4 Frequency and percentage distribution of adolescent girls according to the level of social anxiety in study group and control group after intervention

(n=312)

S.No	Level of Social Anxiety	Study group n=152		Control group n=160	
		Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
1	No social anxiety	0	0	0	0
2	Mild social anxiety	110	72.37	99	61.87
3	Moderate anxiety scale	26	17.1	39	24.37
4	Severe social anxiety	12	7.9	17	10.63
5	Very severe social anxiety	4	2.63	05	3.13

Table 4.4 represent, during post-test, in study group 110(72.37%) had no social anxiety, 26(17.1%) had mild social anxiety, 12(7.9%) had moderate social anxiety and 4(2.63%) had severe social anxiety. In control group, 99(61.87%) had mild social anxiety, 39(24.37%) had moderate social anxiety and 17(10.63%) had severe social anxiety and 5(3.13%) had very severe social anxiety.

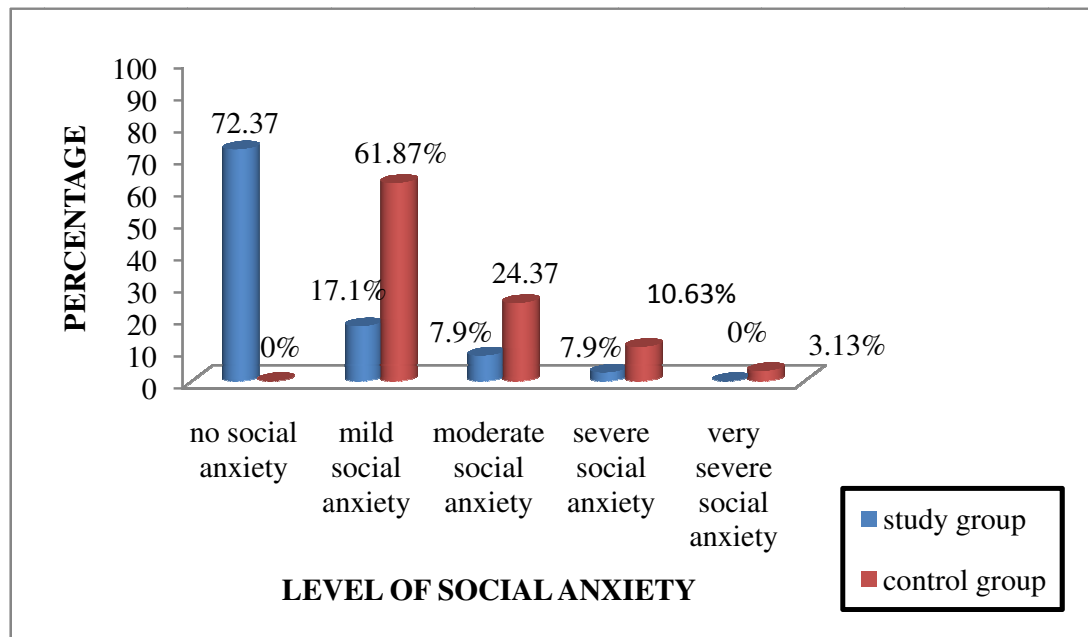


Fig-4.14: percentage distribution adolescent girls of according to the level of social anxiety after intervention

SECTION - D

TESTING HYPOTHESES

I. COMPARISON OF PRE TEST AND POST TEST LEVEL OF SOCIAL ANXIETY AMONG ADOLESCENT GIRLS IN STUDY GROUP AND CONTROL GROUP

Table-4.5 Mean, standard deviation and paired 't' value on pre and post-test level of social anxiety among adolescent girls in study group and control group

(n=312)

S. No	Group	Mean	SD	Mean difference	Df	Paired 't' value
1	Study group					
	Pre test	63.49	10.47	5.38	151	16.405*
	Post test	58.11	9.76			
2	Control group					
	Pre test	65.58	11.99	0.15	159	1.349
	Post test	65.43	12.07			

Table value $t=1.69$, *Significant at $p<0.05$ level.

Table-4.5 represents, the mean score on level of social anxiety among adolescent girls in study group was 63.49 in pre-test and 58.11 in post-test. The estimated paired 't' value was 16.405* which is significant at $p<0.05$. It shows that assertiveness training was effective in reducing the level of social anxiety among adolescent girls. Hence the research hypothesis (H_1) is accepted.

In control group the mean score on level of social anxiety among adolescent girls was 65.58 in pre-test and 65.43 in post-test. The estimated paired 't' value was 1.349 which is non-significant at $p<0.05$.

II. COMPARISON OF POST TEST LEVEL OF SOCIAL ANXIETY AMONG ADOLESCENT GIRLS IN STUDY GROUP AND CONTROL GROUP

Table-4.6 Mean, standard deviation and unpaired't' value on level of social anxiety among adolescent girls in study group and control group after intervention

(n=312)

S. No	Group	Mean	SD	Mean difference	Df	Unpaired 't' value
1	Study group (n=152)	58.11	9.76	7.32	310	5.876*
2	Control group (n=160)	65.43	12.07			

Table value t=1.96, *Significant at p<0.05 level.

Table-4.6 represents, the mean score on level of social anxiety among adolescent girls in study group was 58.11 ± 9.76 and in control group was 65.43 ± 12.07 . The estimated unpaired't' value was 5.876* which is significant at $p<0.05$. It shows that assertiveness training was effective in reducing the level of social anxiety among adolescent girls. Hence, the research hypothesis (H_1) is accepted.

IV. ASSOCIATION BETWEEN THE POST TEST LEVEL OF SOCIAL ANXIETY AMONG ADOLESCENT GIRLS IN STUDY GROUP AND CONTROL GROUP WITH SELECTED DEMOGRAPHIC VARIABLES

Table-4.7 Association between the post-test level of social anxiety among adolescent girls with their selected demographic variables in study group and control group

(n=312)

S.No	Demographic variables	Study group n=152			Control group n=160		
		Df	χ^2	Table value	df	χ^2	Table value
1	Age	12	6.25	21.03	12	2.32	21.03
2	Educational status	12	6.25	21.03	12	2.32	21.03
3	Birth status	12	17.35	21.03	12	6.19	21.03
4	Type of family	12	8.04	21.03	12	12.2	21.03
5	Residence	4	3.03	9.49	4	2.92	9.49
6	Religion	12	7.73	21.03	12	10.44	21.03
7	Caste	12	12.78	21.03	12	7.23	21.03
8	Income	12	5.75	21.03	12	3.34	21.03
9	Primary care giver	8	5.19	15.51	8	9.92	15.51
10	Educational status of father	16	19.28	26.3	16	5.41	26.3
11	Educational status of mother	16	14.31	26.3	16	13.17	26.3

The table 4.7 shows that in study group, for social anxiety on considering the age, chi square value was 6.25 and the table value at degree of freedom 12 was 21.03. As per the educational status the chi square was 6.25 and the table value at degree of freedom 12 was 21.03. Considering the birth status, chi square value was 17.35 and the table value at degree of freedom 12 was 21.03. As per type of family, the chi square was 8.04 and the table value at degree of freedom 12 was 21.03. As per the residence, chi square value was 3.03 and the table value at degree of freedom 4 was 9.49. Considering the religion, chi square was 7.73 and the table value at degree of freedom 12 was 21.03. Considering the caste, chi square value was 12.78 and the table value at degree of freedom 12 was 21.03. As per the

income, chi square was 5.75 and the table value at degree of freedom 12 was 21.03. Considering the primary care giver, chi square value was 5.19 at degree of freedom 8 was 15.51. Considering the educational status of father, chi square value was 19.28 at degree of freedom 16 was 26.3. Considering the educational status of mother, chi square value was 14.31 at degree of freedom 16 was 26.3.

The table 4.7 shows that in control group, for social anxiety on considering the age, chi square value was 2.32 and the table value at degree of freedom 12 was 21.03. As per the educational status, the chi square was 2.32 and the table value at degree of freedom 12 was 21.03. Considering the birth status, chi square value was 6.19 and the table value at degree of freedom 12 was 21.03. As per type of family, the chi square was 12.2 and the table value at degree of freedom 12 was 21.03. As per the residence, chi square value was 2.92 and the table value at degree of freedom 4 was 9.49. Considering the religion, chi square was 4.054 and the table value at degree of freedom 12 was 21.03. Considering the caste, chi square value was 10.44 and the table value at degree of freedom 12 was 21.03. As per the income, chi square was 3.34 and the table value at degree of freedom 12 was 21.03. Considering the primary care giver, chi square value was 9.92 at degree of freedom 8 was 15.51. Considering the educational status of father, chi square value was 5.41 at degree of freedom 16 was 26.3. Considering the educational status of mother, chi square value was 13.17 at degree of freedom 16 was 26.3.

The table 4.7 reveals that there is no significant association ($p < 0.05$) between the post-test level of social anxiety among adolescent girls in experimental and control group with their selected demographic variables such as age, educational status, birth status, type of family, residence, religion, caste, income, primary care giver, educational status of father and educational status of mother at $p < 0.05$ level. Hence, hypothesis H_2 is not accepted.

This chapter deals with data analysis and interpretation in the form of statistical value based on the objective. Paired 't' test was used to evaluate the effectiveness of assertiveness training on level of social anxiety in study group and unpaired 't' test was used to compare the pre-test and post-test level of social anxiety in experimental and control group. Chi square test was used to find out the association between the level of social anxiety among adolescent girls with their selected demographic variables in study and control group.

CHAPTER V

DISCUSSION

This quasi experimental study was done to assess the prevalence and evaluate the effectiveness of assertiveness training on social anxiety among adolescent girls in a Hacker Higher Secondary School, Neyyoor.

Distribution of samples according to their demographic variables

The demographic profile, in study group, 39(25.65%) of them belong to the age group of 12 years, 38(25%) of them belong to the age group of 13 years, 42(27.64%) of them belong to the age group of 14 years and 33(21.71%) of them belongs to the age group of 15 years. Regarding their educational status, 39(25.65%) were studying 7th std, 38(25%) were studying 8th std, 42 (27.64%) were studying 9th std and 33(21.71%) were studying 10th std. Regarding their birth status, 22(14.48%) belong to only child, 48 (31.57%) belong to first born, 50 (32.90%) belong to second born and 32 (21.05%) belong to last child. Regarding the type of family, 82(53.95%) belong to nuclear family, 68(44.74%) belong to joint family and 2(1.31%) belong to extended family. Regarding their residence, 87(57.24%) belong to semi urban and 65(42.76%) belong to rural. Regarding their religion, 76(50%) belong to Hindu religion, 74(48.68%) belong to Christian and 2 (1.32%) belong to Islam. Regarding their caste, 147 (96.71%) belong to BC caste, 4(2.63%) belong to SC caste and 1 (0.66%) belong to MBC caste. Regarding their economic status, 8(5.26%) had less than Rs.5000 per month, 43(28.28%) had Rs.5001-10000 per month, 52(34.22%) had more Rs.10001-15000 per month and 49 (32.24%) had more than Rs.15001 per month. Regarding their primary care giver, 150 (98.68%) were cared by parents, 1(0.66%) were cared by grandparents and 1 (0.66%) were cared by guardian. Regarding their educational status of father 7 (4.60%) studied middle school, 27 (27.64%) studied High School, 69 (45.39%) studied Higher Secondary, 22(14.48%) were holding graduate degree and 12(7.89%) were holding postgraduate degree. Regarding their educational status of mother, 5 (3.28%) studied middle school, 37 (24.35%) studied High School, 72 (47.37%) studied Higher Secondary, 28(18.42%) were holding graduate degree and 10(6.58%) were holding postgraduate degree.

In control group, 40(25%) of them belong to the age group of 12 years, 39(24.37%) of them belong to the age group of 13 years, 43(26.87%) of them belong to the age group of 14 years and 38(23.76%) of them belong to the age group of 15 years. Regarding their educational status, 40 (25%) were studying 7th std, 39(24.37%) were studying 8th std, 43(26.87%) were studying 9th std and 38(23.76%) were studying 10th std. Regarding their birth status, 20(12.50%) belong to only child, 53(33.13%) belong to first born, 52 (32.50%) belong to second born and 35(21.87%) were last child. Regarding their type of family, 86(53.75%) belong to nuclear family, 72(45%) belong to joint family, 1(0.625%) belong to extended family and 1(0.625%) belong to separated family. Regarding their residence, 96(60%) belong to semi urban and 64(40%) belong to rural. Regarding their religion, 76(47.5%) belong to Hindu religion, 81(50.63%) belong to Christian and 3 (1.87%) belong to Islam. Regarding their caste, 155 (96.87%) belong to BC caste and 5 (3.13%) belong to SC caste. Regarding their economic status, 7(04.37%) had less than Rs.5000 per month, 44(27.50%) had Rs.5001-10000 per month, 58(36.26%) had Rs.10001-15000 per month and 51(31.87%) had more than Rs.15001 per month. Regarding their primary care giver, 159 (99.37%) were cared by parents and 1 (0.63%) were cared by grandparents. Regarding their educational status of father, 8(05%) studied middle school, 41 (25.63%) studied High School, 73 (45.63%) studied Higher Secondary, 25(15.62%) were holding graduate degree and 13(08.12%) were holding postgraduate degree. Regarding their educational status of mother, 6 (3.75%) studied middle school, 44 (27.50%) studied High School, 70 (43.75%) studied Higher Secondary, 28(17.50%) were holding graduate degree and 12(07.50%) were holding postgraduate degree.

The first objective is to assess the prevalence of social anxiety among adolescent girls

In study group, 152(54%) adolescent girls had social anxiety. In control group, population 160(56%) adolescent girls had social anxiety.

The first objective was supported by a study, which was conducted by **Demir, T.** (2012) on prevalence of psychosocial characteristics of social anxiety disorder in an urban population of Turkish children and adolescents. The initial

sample included 1,482 students between the 4th and 8th grades. The first stage involved screening using the social anxiety scale for children revised (SASC-R) and the social phobia scale for children and adolescents (CSPSCA). According to the test results, 324 children were interviewed using the schedule for affective disorders and schizophrenia for school age children present and lifetime version (K-SADS-PL) in the second stage. The social anxiety disorder prevalence rate was 3.9%. According to the multiple regression analysis, low paternal education and trait anxiety were associated with SASC-R scores, whereas female gender and trait anxiety were associated with CSPSCA scores.

Based on the Von Ludwig bertalanffy general system theory the first step was to identify the prevalence of dysmenorrhoea in adolescent girls. Here the investigator identified that in the study group 152 had social anxiety and in control group 160 had social anxiety.

The second objective is to assess and compare the pre-test and post-test level of social anxiety among adolescent girls in study group and control group

During pre-test in study group, 96(63.16%) had mild social anxiety, 35(23.03%) had moderate social anxiety and 15(9.87%) had severe social anxiety and 6(3.94%) had very severe social anxiety. In control group, 93(58.13%) had mild social anxiety, 38(23.75%) had moderate social anxiety, 19(11.87%) had severe social anxiety and 10(6.25%) had very severe social anxiety.

During post-test, in study group, 110(72.37%) had no social anxiety, 26(17.1%) had mild social anxiety, 12(7.9%) had moderate social anxiety and 4(2.63%) had severe social anxiety. In control group, 99(61.87%) had mild social anxiety, 39(24.37%) had moderate social anxiety and 17(10.63%) had severe social anxiety and 5(3.13%) had very severe social anxiety.

The mean score on level of social anxiety among adolescent girls in study group was 63.49 in pre-test and 58.11 in post-test. The estimated paired 't' value was 16.405* which is significant at $p < 0.05$. It shows that assertiveness training was effective in reducing the level of social anxiety among adolescent girls. Hence, the research hypothesis (H_1) is accepted.

In control group the mean score on level of social anxiety among adolescent girls was 65.58 in pre-test and 65.43 in post-test. The estimated paired 't' value was 1.349 which is non-significant at $p < 0.05$.

The second objective was supported by a study, which was conducted by **Masoomah, Y.et al. (2013)** to assess the effect of assertion training on social anxiety. The study, based on its nature, goal and hypothesis was implemented in a semi-experimental with pre-test, post-test design and control group. The statistical population includes 2000 students of Golestan University. 60 of the students were randomly chosen and divided into two groups of experimental and control. The pre-test was done for both the groups. Then the groups were randomly chosen and then the assertive training as the independent variable was implemented for experimental group while the control group received no training. The assertive training research's instrument was used along with the use of Miller Hope Questionnaire (1998) and Jerabek Social Anxiety (1996). Data was analysed by SPSS-19 software. Regression test for investigating the variables relations and comparing the means of control and experimental group in hope and social anxiety variables indicated that the assertive training has a meaningful impact on hope mean and the social anxiety as well.

Based on the Von Ludwig bertalanffy general system theory, the investigator gave intervention to study group. Then compared the pretest and posttest level of social anxiety among adolescent girls in study group and control group. Based on the calculation the result showed that the study group experienced less social anxiety than control group.

The third objective is to evaluate the effectiveness of assertiveness training on social anxiety among adolescent girls in study group

While Comparing the post-test level of social anxiety in study group and control group, the mean score on level of social anxiety among adolescent girls in study group was 58.11 ± 9.76 and in control group was 65.43 ± 12.07 . The estimated unpaired 't' value was 5.876* which is significant at $p < 0.05$. It shows that assertiveness training was effective in reducing the level of social anxiety among adolescent girls. Hence, the research hypothesis (H_1) is accepted.

The third objective was supported by a study, which was conducted by **Mohebi, S.et al. (2008)** to assess the effectiveness of assertiveness training on student's academic anxiety. This study is an attempt to determine the effect of assertiveness training on reducing anxiety levels in pre-college academic students in Gonabad city in 2008. Totally 89 students were divided into experimental and control groups. There were 3 questionnaires, namely demographic, academic anxiety and assertiveness Rathus questionnaires in which the validity and reliability were calculated and approved. They had a post-test 8 weeks after the last training session for each group was conducted. The data was analyzed by SPSS. The results showed that anxiety levels and decisiveness in the target group were moderate to high and it is seen as a significant reverse relationship between these two factors ($r=-0.69$ and $p<0.001$). The results also showed that there was a significant anxiety decrease in the experimental group after the intervention. So assertiveness training is an effective non-pharmacological method for reducing academic anxiety and it can improve academic performance.

Based on the theory third step was validating that the need for help was met. Here the study group reduction in the level of social anxiety and the control group, there was no reduction in the level of social anxiety.

The fourth objective is to determine the association between the posttest level of social anxiety among adolescent girls with their selected demographic variables in study and control group

There is no significant association ($p<0.05$) between the post-test level of social anxiety among adolescent girls in study group and control group with their selected demographic variables such as age, educational status, birth status, type of family, residence, religion, caste, economic status, primary care giver, educational status of father and educational status of mother at $p<0.05$ level. Hence, hypothesis H_2 is not accepted.

This chapter deals with the discussion of the study with reference to the objective and supportive studies. All the four objectives have been obtained and the two hypotheses were accepted in this study.

CHAPTER – VI

SUMMARY, CONCLUSION, LIMITATIONS, NURSING IMPLICATION AND RECOMMENDATIONS

This chapter deals with the summary of the study, conclusion drawn, nursing implications, limitations and recommendations of the study.

SUMMARY

Quantitative evaluative approach with quasi experimental non-equivalent control group pre-test and post-test research design was used to determine the effectiveness of assertiveness training on social anxiety among adolescent girls. The conceptual framework for the study was based on von ludwig bertalanffy general system theory. The tool used in this study consisted of two parts. Part one was demographic variables and part two was the modified liebowitz social anxiety scale. Purposive sampling technique was used to select the samples and data was collected from the participants in study group and control group. The data was collected and analysed using descriptive and inferential statistics. The level of significant was assessed by $p < 0.05$ to test the hypothesis.

FINDINGS

The major findings of the study was summarised as, prevalence of social anxiety in study group is 152(54%) and in control group 160(56%) adolescent girls.

During pre-test in study group, 96(63.16%) had mild social anxiety, 35(23.03%) had moderate social anxiety, 15(9.87%) had severe social anxiety and 6(3.94%) had very severe social anxiety. In control group, 93(58.13%) had mild social anxiety, 38(23.75%) had moderate social anxiety, 19(11.87%) had severe social anxiety and 10(6.25%) had very severe social anxiety.

During post-test, in study group, 110(72.37%) had no social anxiety, 26(17.1%) had mild social anxiety, 12(7.9%) had moderate social anxiety and 4(2.63%) had severe social anxiety. In control group, 99(61.87%) had mild social

anxiety, 39(24.37%) had moderate social anxiety, 17(10.63%) had severe social anxiety and 5(3.13%) had very severe social anxiety.

The mean score on level of social anxiety among adolescent girls in study group was 63.49 in pre-test and 58.11 in post-test. The estimated paired 't' value was 16.405* which is significant at $p < 0.05$. It shows that assertiveness training was effective in reducing the level of social anxiety among adolescent girls. Hence, the research hypothesis (H_1) is accepted.

In control group the mean score on level of social anxiety among adolescent girls was 65.58 in pre-test and 65.43 in post-test. The estimated paired 't' value was 1.349 which is non-significant at $p < 0.05$.

Comparing the post-test level of social anxiety in study group and control group the mean score on level of social anxiety among adolescent girls in study group was 58.11 ± 9.76 and in control group was 65.43 ± 12.07 . The estimated unpaired 't' value was 5.876* which is significant at $p < 0.05$. It shows that assertiveness training was effective in reducing the level of social anxiety among adolescent girls. Hence the research hypothesis (H_1) is accepted.

There is no significant association ($p < 0.05$) between the post-test level of social anxiety among adolescent girls in study group and control group with their selected demographic variables such as age, educational status, birth status, type of family, residence, religion, caste, economic status, primary care giver, educational status of father and educational status of mother at $p < 0.05$ level. Hence, hypothesis H_2 is not accepted.

CONCLUSION

From the result of the study, it was concluded that most of the adolescent girls have social anxiety. Mostly social anxiety develops in the period of adolescence. This is prevalent among adolescent girls especially after 12 years of age. Assertiveness training to the adolescent girls was effective in reducing the level of social anxiety. Therefore the investigator felt that more importance should be given for assertiveness training to reduce level of social anxiety for adolescent girls.

IMPLICATIONS

The researcher has derived the following implications from the study results which are of vital concern to the field of nursing service, nursing administration, nursing education and research.

Implication for nursing practice

Nurses should develop in depth knowledge about the social anxiety of adolescent girls. Nurses should be knowledgeable regarding the benefits of assertiveness training programme in reducing level of social anxiety, which should be practiced in the hospital or psychiatric hospital. Nurses should educate and encourage adolescent girls to use assertiveness training techniques like I statements, broken record etc. Nurses should incorporate health and treatment plans during their service whenever it is possible.

Implication for nursing education

Nurse educators need to be equipped with in depth knowledge and skill regarding assertiveness training programme. Nursing students should receive adequate training regarding the techniques of assertiveness training. They should conduct workshops or conferences for students regarding the benefit of assertiveness training in a day today nursing practice and strengthen the curriculum for nurses to excel them in knowledge and skill in areas of various assertiveness training techniques.

Implication for nursing administration

Nurses should assist in implementing public health awareness campaigns aimed at reducing level of social anxiety. Nurses should provide knowledge, resources and leadership for establishing public health policies that focus on assertiveness training programme for reducing level of social anxiety among adolescent girls. Public information programs should be designed by nurses to encourage assertiveness training programme for adolescent girls.

Implication for nursing research

Nursing research is to be done to find out the various innovative methods to reduce level of social anxiety. The finding of the study would help to expand the scientific body of professional knowledge upon which their research can be conducted. Large scale study should be conducted on assertiveness training on social anxiety and disseminate the finding of research through conferences, seminars and publishing in nursing journals.

LIMITATIONS

Since there were very few studies done on the effectiveness of assertiveness training in reducing level of social anxiety among adolescent girls, the investigator had a lot of difficulty in collecting the study materials for the review.

RECOMMENDATIONS

The following studies can be undertaken to strengthen assertiveness training programme as a good method for reducing the level of social anxiety among adolescent girls.

- A similar study can be conducted with increased in the sample size.
- A similar study can be conducted among college students residing in college hostels.
- A similar study can be conducted among orphan girls.

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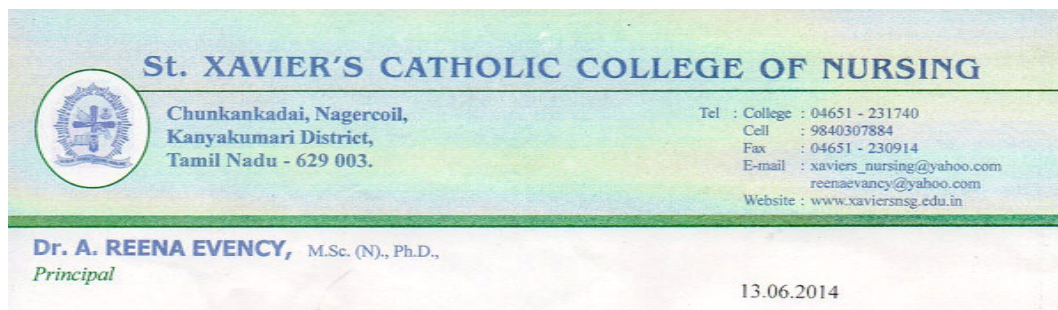
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31. <http://www.ncbi.nlm.nih.gov/.../23568937>
32. <http://www.ncbi.nlm.nih.gov/.../22087397>
33. <http://www.ncbi.nlm.nih.gov/.../23815203>
34. <http://www.ncbi.nlm.nih.gov/.../19761170>
35. <http://www.ncbi.nlm.nih.gov/.../20812052>
36. <http://www.ncbi.nlm.nih.gov/.../20606943>
37. <http://www.ncbi.nlm.nih.gov/.../19874294>
38. <http://www.ncbi.nlm.nih.gov/.../23647406>
39. <http://www.ncbi.nlm.nih.gov/.../23120963>
40. <http://www.ncbi.nlm.nih.gov/.../23360019>
41. <http://www.ncbi.nlm.nih.gov/.../19876499>
42. <http://www.ncbi.nlm.nih.gov/.../23904707>
43. <http://www.ncbi.nlm.nih.gov/.../16884344>
44. <http://www.ncbi.nlm.nih.gov/.../23202842>
45. <http://www.Aliba.com>
46. <http://www.livestrong.com/article/165474>

ANNEXURE- I



To

The Headmistress,
Hacker Higher Secondary School,
Neyyoor.


Respected Madam,

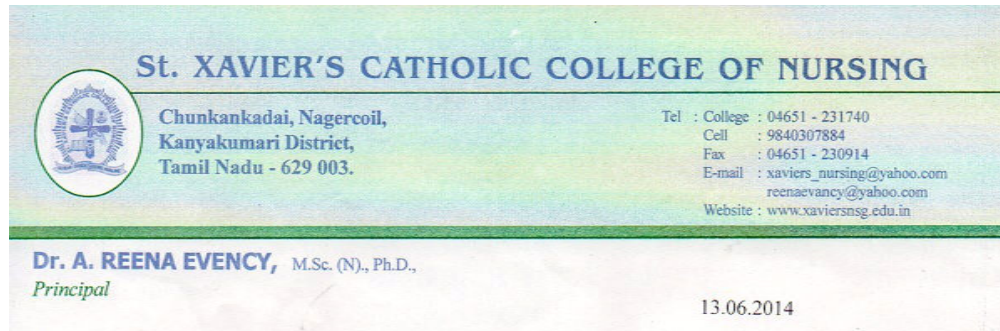
Ms. Jasmine Jeba Shali .P, is a Student of M.Sc., Nursing Programme from the clinical specialty, Mental Health Nursing in our college, she is conducting a study on **“A quasi experimental study to evaluate the effectiveness of Assertiveness Training on Social Anxiety among adolescent girls in selected schools, Kanyakumari district”**.

This is for the research project to be submitted to the Tamilnadu Dr.M.G.R Medical University in partial fulfillment of university requirement for the award of M.Sc. Nursing Degree.

As a part of her study she needs to evaluate the effectiveness of Assertiveness Training on Social Anxiety among adolescent girls. So permission may kindly be granted for her to conduct the study at Hacker Higher Secondary School, Neyyoor. She will abide by the rules and regulation of the school.

Thanking you

Yours faithfully,

PRINCIPAL
ST. XAVIER'S CATHOLIC COLLEGE OF NURSING
CHUNKANKADAI
NAGERCOIL - 629 003
K. K. DIST.



To

The Headmistress,
L.M.S Girl's Higher Secondary School,
Neyyoor.

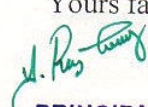
Respected Madam,

Ms. Jasmine Jeba Shali .P, is a Student of M.Sc., Nursing Programme from the clinical specialty, Mental Health Nursing in our college, she is conducting a study on **“A quasi experimental study to evaluate the effectiveness of Assertiveness Training on Social Anxiety among adolescent girls in selected schools, Kanyakumari district”**.

This is for the research project to be submitted to the Tamilnadu Dr.M.G.R Medical University in partial fulfillment of university requirement for the award of M.Sc. Nursing Degree.

As a part of her study she needs to evaluate the effectiveness of Assertiveness Training on Social Anxiety among adolescent girls. So permission may kindly be granted for her to conduct the study at L.M.S Girl's Higher Secondary School, Neyyoor. She will abide by the rules and regulation of the school.

Thanking you

Yours faithfully,

PRINCIPAL
ST. XAVIER'S CATHOLIC COLLEGE OF NURSING
CHUNKANKADAI
NAGERCOIL - 629 003
K. K. DIST.

ANNEXURE-II



HACKER MEMORIAL HIGHER SECONDARY SCHOOL

☎ : 04651-223140

NEYYOOR - 629 802

THUCKALAY EDUCATIONAL DISTRICT

R. GLORY PACKIA LEELA, M.A., M.Ed.
Headmistress

Ref. No.

Date : 28.08.2014.....

To

The Principal

St. Xavier's Catholic College of Nursing,
Churukankadai,
Nagercoil.

This is to Certify that Ms.P. Jasmine Geba Shali,
a M.Sc Nursing student of St. Xavier's Catholic College of
Nursing, Nagercoil has conducted a study to evaluate
the effectiveness of Assertiveness Training on social
Anxiety among Adolescents girls in Hacker memorial
Higher secondary school, Neyyoor for one month from
01.08.2014 to 31.08.2014 and has successfully completed
the data collection.



R. Glory
Headmistress
Hacker Memorial Hr. Sec. School,
Neyyoor. & P.O. - 629 802.

Phone : 04651- 222250

L.M.S. HIGHER SECONDARY SCHOOL FOR GIRLS

NEYYOOR - 629 802

KANYAKUMARI DISTRICT, TAMIL NADU, SOUTH INDIA.

From

Tmt. D. VANAJA NALINA KUMARI, M.Sc., M.Ed., M.Phil.
HEADMISTRESS
L.M.S.H.S.School for Girls
Neyyoor P.O.


To

The Principal
St. Xavier's Catholic College of Nursing
Churukankadai
Nagercoil.

Letter No.

Date : 27.08.2014

This is to certify that Ms P. Jasmine Seba shali,
a M.Sc Nursing student of St. Xavier's Catholic College
of Nursing, Nagercoil has conducted a study to
evaluate the effectiveness of Assertiveness training on
Social Anxiety among Adolescents girls in L.M.S
Girls higher secondary school, Neyyoor for
one month from 01.08.2014 to 31.08.2014 and has
successfully completed the data collection.


HEADMISTRESS
L.M.S. HIGHER SECONDARY SCHOOL FOR GIRLS
NEYYOOR - 629 802

ANNEXURE- III

LETTER SEEKING EXPERTS OPINION FOR THE VALIDITY OF THE TOOL

From,

Ms.P.Jasmine Jeba Shali

M.Sc. Nursing II year,

St. Xavier's Catholic College of Nursing,

Chunkankadai.

To,

Respected Sir/ Madam,

Sub: Requisition to expert opinion and suggestion for the content validity.

P.Jasmine Jeba Shali, M.Sc. Nursing II year student of St.Xavier's Catholic College of Nursing, Chunkankadai, have selected the following topic, **“A quasi-experimental study to evaluate the effectiveness of assertiveness training on social anxiety among adolescent girls in selected schools, Kanyakumari District”** for my dissertation to be submitted to Tamilnadu Dr. M.G.R. Medical University in the partial fulfilment of the requirement for award of Master of science in Nursing.

I request you to go through the items and give your valuable suggestions and opinions to develop the content validity of the tool. Kindly suggest modifications, addition and deletions if any in the remarks column.

Thanking You,

Place: Chunkankadai.

Yours sincerely,

Date:

P.Jasmine Jeba Shali

ENCLOSURE:

1. Problem statement, objectives, and hypothesis of the study.
2. Demographic profile.
3. Social anxiety scale.
4. Evaluation Performa.

ANNEXURE - IV

EVALUATION CRITERIA CHECKLIST FOR VALIDATION

Instructions:

The expert is requested to go through the following criteria for evaluation. Three columns are given for responses and a column for remarks. Kindly please tick mark (✓) in the appropriate columns and give remarks. Interpretation column:

Column I – meets the criteria.

Column II - Partially meets the criteria.

Column III – does not meet the criteria.

S.NO	CRITERIA	1	2	3	REMARKS
1	Scoring -adequacy. -clarity. -simplicity.				
2	Content -logical sequence. -adequacy. -relevance.				
3	Language -Appropriate. -clarity. -simplicity.				
4	Practicability -easy to score. -precise. -utility.				

Signature:

Any other suggestion:

Name:

Designation:

Address:

CRITERIA CHECK LIST FOR VALIDATION OF THE TOOL

Instruction:

Kindly give your suggestions regarding the accuracy, relevance and appropriateness of the content. Kindly (✓) against specific columns.

PART-I

Validation of Demographic variables

Item	Very relevant	Relevant	Need for modification	Not relevant	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

PART-II

Validation of social anxiety scale scoring

Item	Very relevant	Relevant	Need for modification	Not relevant	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					

ANNEXURE - V

LIST OF EXPERTS VALIDATED THE TOOL

1. Dr.C.Paneer Selvan M.B.B.S, M.D., (Psychiatry).

Sneka Mind Care Centre,
South Bye Pass Road, Tirunelveli,
Tamil Nadu – 627 005

2. Rev.Fr. Maria William, Psychologist

Co-Correspondent,
St.Xaviers Catholic College of Nursing,
Chunkankadai.

3. Dr. Judie, M.Sc.(N) P.hd (N),

Dean,
Sree Ramaswamy Memorial University,
Chennai.

4. Mr. K. Vinifred, M.Sc.(N),

Reader,
Annamal College of Nursing,
Kuzhithurai.

5. Mrs.P. Femila, M.Sc (N).,

Asst. Professor,
Christian College of Nursing,
Neyyoor.

6. Mrs. P. Jega Juliet, M.Sc(N).,

Lecturer
Christian College of Nursing,
Neyyoor.

ANNEXURE - VI

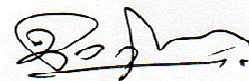
INFORMED CONSENT

I _____ from _____ standard. Since I have mild / moderate/severe social anxiety, I am willing to participate in the study to evaluate the effectiveness of assertiveness training, without any compulsion. I came to know through the researcher that the assertiveness training techniques are harmless and easy to follow.

Yours Sincerely,

ANNEXURE-VII**CERTIFICATE OF EDITING****CERTIFICATE OF TAMIL EDITING****TO WHOMSOEVER IT MAY CONCERN**

Certified that the dissertation paper titled **“A quasi experimental study to evaluate the effectiveness of assertiveness training on social anxiety among adolescent girls in selected schools, Kanyakumari District”** done by Ms. P. Jasmine Jeba Shali, has been checked for the accuracy and correctness of Tamil language usage and that the language used in the tool is lucid, unambiguous, free of grammatical or spelling errors and apt for the purpose.


Signature

CERTIFICATE OF ENGLISH EDITING**TO WHOMSOEVER IT MAY CONCERN**

Certified that the dissertation paper titled **“A quasi experimental study to evaluate the effectiveness of Assertiveness Training on Social Anxiety among adolescent girls in selected schools, Kanyakumari district”** by Ms. P. Jasmine Jeba Shali, has been checked for the accuracy and correctness of english language usage and that the language used in the tool is lucid, unambiguous, free of grammatical or spelling errors and was appropriate for the purpose.


Signature

ANNEXURE-VIII

CERTIFICATE OF STATISTICAL ANALYSIS

TO WHOM SO EVER IT MAY CONCERN

Certified that the dissertation paper titled “A quasi experimental study to evaluate the effectiveness of Assertiveness Training on Social Anxiety among adolescent girls in selected schools, Kanyakumari district” by Ms. P. Jasmine Jeba Shali, has been checked for the accuracy in statistical analysis and interpretation and was appropriate for the purpose.


Signature
Dr. GAMBIRUEL
Assistant Professor
Centre for Marine Science & Technology
Manonmaniam Sundaranar University
Rajakkamangalam - 629 502
K. K. District, Tamilnadu, India

ANNEXURE-IX

TOOL FOR DATA COLLECTION

The tool is prepared by the investigator after an extensive study of the related literature and with the guidance of experts.

Part 1: Structured questionnaire to collect the demographic file.

Part 2: The Modified Liebowitz social anxiety scale.

PART 1

Demographic Data

1. Age

- a) 12-13 years ()
- b) 13-14 years ()
- c) 14-15 years ()

2. Educational status

- a) 7th standard ()
- b) 8th standard ()
- c) 9th standard ()

3. Birth status

- a) Only child ()
- b) First born ()
- c) Second born ()
- d) Last born ()

4. Type of family

- a) Nuclear ()
- b) Joint ()
- c) Extended ()
- d) Separated ()

5. Residence

- a) Semi urban ()
- b) Rural ()

6. Religion

- a) Hindu ()
- b) Christian ()

- c) Muslim ()
- d) Others ()

7. Caste

- a) BC ()
- b) SC ()
- c) MBC ()
- d) OC ()

8. Family income per month

- a) <5000 Rs ()
- b) 5001-10000 Rs ()
- c) 10001-15000 Rs ()
- d) >15001 Rs ()

9. Primary care giver

- a) Parents ()
- b) Grandparents ()
- c) Guardian ()

10. Educational status of parent- father

- a) Middle school ()
- b) High school ()
- c) Higher secondary ()
- d) Graduate ()
- e) Postgraduate ()

11. Educational status of parent- mother

- a) Middle school ()
- b) High school ()
- c) Higher secondary ()
- d) Graduate ()
- e) Postgraduate ()

PART II

Modified liebowitz Social Anxiety Scale

The Liebowitz social anxiety scale (LSAS) is a questionnaire developed by Dr. Michael R. Liebowitz, a psychiatrist and researcher.

- This measure to assess the way that social anxiety plays a role in your life across a variety of situations.
- Read each situation carefully and answer two questions about that situation.
- The first question asks how anxious or fearful you feel in the situation.
- The second question asks how often you avoid the situation.
- If you come across a situation that you ordinarily do not experience, imagine what if you were faced with that situation and then rate the degree to which you would fear this hypothetical situation and how often you would tend to avoid it. Please base your ratings on the way that the situations have affected you in the last week.

Fear or anxiety

Avoidance

0=none

0=never

1=mild

1=occasionally

2=moderate

2=often

3=severe

3=usually

S.No	Situations	Fear				Avoidance			
		0	1	2	3	0	1	2	3
1.	Talking to classmates or other people on the telephone								
2.	Participating in a small group activity								
3.	Eating in public places								
4.	Asking an adult you don't know well, like a store clerk, principal, or policeman for help (e.g., for directions or to explain something that you don't understand)								
5.	Talking to someone in authority								
6.	Acting, performing or speaking in front of an audience								
7.	Going to a social event								
8.	Working while being observed								
9.	Writing while being observed								
10.	Calling someone you don't know very well								
11.	Talking face to face with someone you don't know very well								
12.	Meeting strangers								

13.	Urinating in a public bathroom								
14.	Entering a room when others are already seated								
15.	Being the centre of attention								
16.	Speaking up at a meeting								
17.	Taking a test of your ability, skill or knowledge								
18.	Expressing disagreement or disapproval to someone you don't know very well								
19.	Looking someone who you don't know very well straight in the eyes								
20.	Giving a prepared oral talk to a group								
21.	Taking up leadership								
22.	Asking questions in class								
23.	Answering questions in class								
24.	Asking a teacher permission to leave the classroom (like to go to the bathroom or to the nurse)								

The Scoring Pattern:

Less than 54: no social anxiety

55-65 : mild social anxiety

66-80 : moderate social anxiety

81-95 : severe social anxiety

>96 : very severe social anxiety

பிரிவு - I
விபரங்கள் சேகரிக்கும் படிவம்

1. வயது

- | | |
|------------|-------|
| அ) 12 வயது | [] |
| ஆ) 13 வயது | [] |
| இ) 14 வயது | [] |
| ஈ) 15 வயது | [] |

2. கல்வித்தகுதி

- | | |
|--------------------|-------|
| அ) 7 - ம் வகுப்பு | [] |
| ஆ) 8 - ம் வகுப்பு | [] |
| இ) 9 - ம் வகுப்பு | [] |
| ஈ) 10 - ம் வகுப்பு | [] |

3. பிறப்புதகுதி

- | | |
|----------------------|-------|
| அ) ஒரே குழந்தை | [] |
| ஆ) முதல் குழந்தை | [] |
| இ) இரண்டாவது குழந்தை | [] |
| ஈ) கடைசி குழந்தை | [] |

4. குடும்பத்தின் வகை

- | | |
|----------------------------|-------|
| அ) தனி குடும்பம் | [] |
| ஆ) கூட்டு குடும்பம் | [] |
| இ) விரிவான குடும்பம் | [] |
| ஈ) பிரிக்கப்பட்ட குடும்பம் | [] |

5. வசிக்கும் இடம்

- | | |
|------------|-------|
| அ) பேரூர் | [] |
| ஆ) கிராமம் | [] |

6. சமயம்

- | | |
|---------------|-------|
| அ) இந்து | [] |
| ஆ) கிறிஸ்தவம் | [] |
| இ) முஸ்லீம் | [] |
| ஈ) இதர | [] |

7. ஜாதி

- | | |
|--------------------------------|-------|
| அ) பிற்படுத்தப்பட்டோர் | [] |
| ஆ) தாழ்த்தப்பட்டோர் | [] |
| இ) மிகவும் பிற்படுத்தப்பட்டோர் | [] |
| ஈ) மற்றவர்கள் | [] |

8. மாதகுடும்பவருவாய்

- | | |
|--------------------|-----|
| அ) <5000 ரூ | [] |
| ஆ) 5001 - 10000 ரூ | [] |
| இ) 10001–15000 ரூ | [] |
| ஈ) >15000 ரூ | [] |

9. அதிககவனம் அளிப்பவர்

- | | |
|--------------|-----|
| அ) பெற்றோர் | [] |
| ஆ) பெரியோர் | [] |
| இ) காப்பாளர் | [] |

10. தந்தையின் கல்வித்தகுதி

- | | |
|-----------------------|-----|
| அ) நடுநிலைப்பள்ளி | [] |
| ஆ) உயர்நிலைப்பள்ளி | [] |
| இ) மேல்நிலைப்பள்ளி | [] |
| ஈ) இளங்கலைப் பட்டதாரி | [] |
| உ) முதுகலைப் பட்டதாரி | [] |

11. தாயின் கல்வித்தகுதி

- | | |
|-----------------------|-----|
| அ) நடுநிலைப்பள்ளி | [] |
| ஆ) உயர்நிலைப்பள்ளி | [] |
| இ) மேல்நிலைப்பள்ளி | [] |
| ஈ) இளங்கலைப் பட்டதாரி | [] |
| உ) முதுகலைப் பட்டதாரி | [] |

பிரிவு – II

சமுதாய பயப்பதட்டம் அளவீடு

இந்த ஆய்வின் மூலம் உங்கள் வாழ்வின் வெவ்வேறான சூழ்நிலைகளில் சமூக பயப்பதட்டத்தின் பங்கினை அளவிடலாம்

ஒவ்வொரு சூழ்நிலையையும் கவனமாக வாசித்து பதில் அளிக்கவும். அந்த சூழ்நிலைகள் குறிப்பதாவது எந்த அளவு பயமாக உணர்வீர்கள் மற்றும் எந்த அளவு அந்த சூழ்நிலையை தவிர்ப்பீர்கள்.

வ. எண்	சூழ்நிலைகள்	பயம்				தவிர்த்தல்			
		இல்லை	சிறிதளவு	ஓரளவு	மிகவும்	தவிர்ப்பது இல்லை	எப்போதாவது	அடிக்கடி	எப்போதும்
1	உடன்பயிலும் நண்பர்களிடம் அல்லது பொது மக்களிடமோ தொலைபேசியில் பேசுதல்.								
2	சிறு சிறு குழுவாக இணைந்து செயல்பாடுகளில் ஈடுபடுதல்.								
3	பொது இடங்களில் உணவு உண்ணுதல்								
4	உனக்கு அறிமுகமில்லாதவர்களிடம் உதவி கேட்டல் (எ.கா. வழி கேட்டல் அல்லது புரியாததை விளக்கி கேட்டல்)								
5	தலைமை பொறுப்புடையோருடன் உரையாடுதல்.								
6	பார்வையாளர் முன்னிலையில் நடித்தல், திறமையை வெளிப்படுத்துதல் போன்ற செயல்களில் ஈடுபடுதல்.								
7	சமுதாய (பொது) நிகழ்ச்சிகளுக்கு செல்லுதல்.								
8	பிறர் கவனிக்கும் போது வேலை செய்தல்.								
9	பிறர் கவனிக்கும் போது எழுதுதல்								
10	உனக்கு அறிமுகமில்லாதவரை கூப்பிடுதல்.								
11	உனக்கு அறிமுகமில்லாதவரிடம் நேருக்கு நேர் பேசுதல்								
12	உனக்கு அறிமுகமில்லாதவரை சந்தித்தல்.								

13	பொது கழிப்பறையை பயன்படுத்துதல்							
14	பிறர் ஏற்கனவே அமர்ந்திருக்கும் அறையினுள் நுழைதல்.							
15	பிறர் கவனத்தை ஈர்த்தல்							
16	பொது நிகழ்ச்சியில் பேசுதல்							
17	உன்னுடைய திறமையையும் அறிவையும் திறனாய்வு செய்யும் தேர்வினை ஏற்றல்.							
18	அறிமுகம் இல்லாதவர்களின் கருத்துகளுக்கு மறுப்பு தெரிவித்தல்.							
19	உனக்கு அறிமுகம் இல்லாதவர்களின் கண்களை பார்த்து பேசுதல்.							
20	தயார் செய்து கூட்டத்தில் பேசுதல்							
21	தலைமை பொறுப்பு ஏற்றல்.							
22	வகுப்பறையில் கேள்வி கேட்டல்.							
23	வகுப்பறையில் கேட்கும் கேள்விகளுக்கு பதிலளித்தல்							
24	வகுப்பறையை விட்டு வெளியே செல்வதற்கு ஆசிரியரிடம் அனுமதி கேட்டல் (எடுத்துக்காட்டாக கழிப்பறைக்கு செல்வதற்கு).							

ANNEXURE- X

Procedure:

Assertiveness training sessions:

A- Goals of session:

- Participants get to know each other
- Develop an understanding about various aspects of assertiveness
- Gain knowledge about the importance of assertiveness

Step: 1

Giving and receiving compliments:

The researcher asked the students to tell what you like about yourself and then tell me what you like about the person sitting beside you.

Step: II

Knowledge on social anxiety:

The researcher was explained about social anxiety

Step: III

Story of passive, aggressive and assertive behaviour

Session: II

Goals:

- To understand how to solve the problem assertively
- To emphasize the importance of one rights and recognizes the benefits of assertive act while standing up their rights
- To discriminate the passive, aggressive and assertive behaviour

Step: IV

Demonstration of problem solving approach

Step: V

Behavioural rehearsal by students

Session: III

Act assertively, making and refusing requests assertively

Goals:

- To understand how to act assertively
- To understand about saying no to unreasonable requests
- Increase assertive options for giving and receiving critics

Step: VI**How to act assertively**

The group members were divided as directors and players. Two scenarios written by the researcher about acting assertively were introduced to the players. The players enacted the role play. The directors observed the voice, posture, gesture, eye contact and personal space. At the end of rehearsal the directors gave feedback to the students.

Step: VII**How to make and refuse request**

The researcher explained to the students about how to make and refuse requests.

Step: VIII**Clarification and feedback**

ANNEXURE - XI

FORMULAS USED FOR DATA ANALYSIS

DESCRIPTIVE STATISTICS

Mean $\bar{x} = \frac{\sum x}{N}$

Standard deviation $s = \sqrt{\frac{\sum (x - \bar{x})^2}{n - 1}}$

INFERENTIAL STATISTICS

Unpaired 't' test $t = \frac{|x_1 - x_2|}{\sqrt{\frac{s_1^2}{n_1} + \frac{s_2^2}{n_2}}}$

$$s = \sqrt{\frac{(n_1 - 1)s_1^2 + (n_2 - 1)s_2^2}{n_1 + n_2 - 2}}$$

Paired 't' test $t = \bar{d}\sqrt{n}/s$

$$s = \sqrt{\frac{\sum (d - \bar{d})^2}{n - 1}}$$

Chi-Square test $\chi^2 = \sum \frac{(o - e)^2}{e}$

ANNEXURE - XII

PHOTOGRAPHS OF CONDUCTING STUDY

